

INFORMED CONSENT

Please take time to read and understand this form. This informed consent document is intended to give you general information about my counseling services.

The Therapeutic Process: There may be both benefits and risks while participating in counseling. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant parts of your life, you may also experience uncomfortable feelings. Counseling often leads to better relationships, solutions to specific problems, and improved ability to manage life stress, but there is no guarantee of what you will experience.

Fees and Payment: Individual counseling sessions range from \$80-\$120 each 60-minute session with payment due at the time of service. Sliding scale rates are available upon request. Cash, checks, and online payments are acceptable forms of payments. Please note a service charge may be added when using credit card.

Sessions: Counseling sessions are 60 minutes in length. We ask that you arrive promptly on time as it could affect the length of time of your session should you arrive late.

Cancellations: If you do not make it to your scheduled appointment, and you have not given at least 24-hour notice in advance, you'll be responsible for paying the full cost of the session.

Length of Counseling: Each client's individual situation dictates the frequency and duration of counseling required. It is impossible to predict how long the process will take and varies from person to person depending on a number of factors. Nonetheless, goals, objectives and timelines will be discussed with you.

Termination: You have the right to terminate counseling at any time, however, if you decide to terminate, we just ask that you let us know. For any reason in which counseling may terminate, we will request for 1-3 sessions with you in order to properly end the counseling relationship. During these

meetings, we will review the goals, barriers to success, work on a relapse prevention plan or a symptom management plan, and provide closure in order to terminate properly.

Right to Access Files, Diagnostic Classifying and More: At any point during the counseling process you have the right to know information about your diagnosis and treatment plan, to have access to your records, for your records to be released to other parties with your consent, to be part of decisions made about your care, to express complaints, and to be treated with respect.

Confidentiality: Written records of treatment sessions and progress notes are kept in order to help remember details, assist in preparing treatment summaries if needed, and monitor progress toward goals of the treatment plan. This record is confidential with some exceptions:

1. If a client presents a clear and present danger to himself and refuses to accept appropriate treatment, information may need to be released to protect the client.
2. If there is indication that a child or senior is being physically or emotionally abused or neglected, counselors (and all RI citizens) are required to report this to the appropriate authorities.
3. If there is a reasonable basis to believe that there is a clear and present danger of physical violence to someone by you, that person and/or the authorities will need to be informed.
4. In certain legal cases, a judge may order the disclosure of confidential information. The worker will make every attempt to minimize the amount of information shared unless specifically ordered by a judge to do so. In other cases, such as worker's compensation or disability, the release of confidential information may be required.
5. If you give permission by signing a "Release of Information" form, information may be given to whomever you designate (family member, school, physician, attorney, etc.).

6. Your insurance company and pre-authorization group have access to your diagnosis and general information. To obtain pre-authorization for treatment, the pre-authorization group will need specific clinical information regarding your condition, treatment plan, and progress.

7. Clinical information acquired may be disclosed to another appropriate professional as part of professional consultation. Unless given written permission by you, you will not be identified by name, and specific information that would identify you will not be disclosed.

Touch: Due to the nature of my approach and training as a mind-body psychotherapist, non-sexual touch can be a useful tool in providing information from the unconscious. I will explain how and why it might be an appropriate on an individual basis. Please know that it is NOT a requirement of therapy and is ALWAYS done with permission and an explanation of how it might be useful. If touch is something completely uncomfortable to you please let me know and we will proceed without it ever being a possibility. My intention is to create a safe and non-judgmental environment where healing can occur.

Emergencies: In some instances, you might need immediate help at a time when I am unavailable or cannot return your call. These emergencies may involve thoughts of harming yourself or others, or thoughts of committing dangerous acts. If you find yourself in any emergency situation, please contact the site at the number referenced above. If, for whatever reason, that option is not available to you, please call 911 or visit the nearest hospital emergency room.

By signing this Informed Consent Form, I am acknowledging that I have read and understand the above explanations regarding informed consent, confidentiality, and patient responsibilities. I agree to enter into a counseling relationship under the terms outlined in this form.

Client Signature: _____ Date: _____

