



Healing the Mind and Spirit

INFORMED CONSENT AND OFFICE POLICIES

Therapist will provide a 24-hour phone answering service for clients to contact therapist. In the event the therapist is not available, client may leave a message and therapist will return the call within a 24 hour time frame. In the event of an emergency, client is encouraged to dial 911. _____(initial)

The release or exchange of information on your therapy may be done only after an “authorization to release” and/or “exchange of information” is signed. _____(initial)

In the event of therapist’s needing backup coverage, (i.e., vacation, illness, emergency) a list of three (3) licensed therapists will be provided, thereby, giving the client a choice to handle any and all issues that might arise in therapist’s absence. _____(initial)

Therapist may utilize peer consultation which is subject to confidentiality to aid in the process of therapy. _____(initial)

Session time is held for 50 minutes (therapeutic hour). Client agrees to be on time and demonstrate consistency in attendance. _____(initial)

I offer a sliding scale fee of \$140 - \$170, depending on your ability to pay. Fees are subject to change periodically. Clients will receive 30 days notice in the event of a fee change occurrence. I agree to pay a fee of _____ for the 50 minute therapy hour service _____(initial)

Payment is due at the beginning of each session, unless otherwise arranged between the client and the therapist. _____(initial)

The client has the right to terminate at any time and for any reason. In some instances, clients may leave for a short period of time or choose to have a lull between therapy sessions. If a client chooses to leave for short periods, they will not hold the therapist liable for any future abandonment that may result possibly due to scheduling conflicts or other unforeseen situations. The therapist and client will work together to resolve any issues that arise in the best interests of both parties. _____(initial)

If the client chooses to terminate, the client will attempt to discuss with the therapist, prior to termination, so that there may be proper closure including referrals where appropriate. _____(initial)

Therapist may terminate with client at any time due to the following: when the course of treatment has come to a natural end due to improvement of the client, when the therapist has determined that the client’s problem is beyond the therapist’s scope of competence, when the therapist determines that the client is not benefiting from the treatment, when the therapist is unable or unwilling, for appropriate reasons, to continue to provide care, or when the treating therapist leaves either through location change, retirement, death, etc. _____(initial)



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Client will never subpoena therapist to testify or bear witness in any legal proceeding due to the possibility of a forensic dual relationship occurring that may jeopardize the therapeutic relationship. In the event that the therapist does testify in a legal proceeding, client will reimburse therapist for any reasonable expenses and will pay therapist's customary session fee for each hour incurred on client's behalf. _____(initial)

Client acknowledges that there is a 24-HOUR APPOINTMENT CANCELLATION POLICY and by initialing, acknowledges there will be a charge for the full amount of the missed session. _____(initial)

I HAVE RECEIVED A COPY OF THIS LETTER _____(initial)

The purpose of this office is to provide excellent service to each client. If you have any questions, please speak with your therapist.

Signature

Date