



THERAPIST | RELATIONSHIP COACH

Informed Consent and Office Policies

I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, state and federal laws and your rights. If you have other questions or concerns, please ask and we will do our best to give you all the information you need.

Confidentiality

Confidentiality is an imperative part of our relationship. I like clients to fully understand the importance and limitations of confidentiality before we get started. In general the law protects the confidentiality of all communications between a client and therapist. Information about your therapy can only be released to others with your written permission. There are a few important exceptions.

Please review this material carefully and discuss any questions or concerns you may have. I place a high value on the confidentiality of information that clients share with me and I will make every effort to ensure that information about your case will be kept confidential. You should, however, be aware that legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss information about your treatment with other individuals. If you have any questions about these limitations, please ask me about them before we begin treatment or at any time during our treatment. I will, when appropriate, discuss each situation prior to the disclosure of information. In the following circumstances, I am required to breach confidentiality without a client's permission:

1. If I become aware of your involvement in abuse of children, elderly, or disabled persons.
2. If I believe there is a danger that you may harm yourself or others or that you are incapable of caring for yourself. I am required to take protective action, which may include warning the intended victim and/or seeking your hospitalization or notifying police.
3. In the case of minors, any limitations and requirements requiring parental notification.
4. If I am ordered by a court to release your records.

A judge may require a therapist's testimony or a therapist's records may be subpoenaed by the court in such situations as:

- a. Child custody or adoption proceedings.
- b. In a lawsuit, if your mental or emotional state is a factor.
- c. If you are a witness in a criminal proceeding.
- d. Court-ordered psychological evaluations.
- e. Legal proceedings related to psychiatric hospitalization.

Information shared in group therapy or marital therapy may not be protected in court proceedings. Information shared with a minor client's parents will be done with the consent of the minor child.

I have read and understand the importance and limitations of confidentiality: Initial _____

Client Rights

- You have the right to ask for a second opinion.
- You have the right to receive an appropriate referral for community mental health services if you request one or if your needs exceed what I am able to provide you.
- You have the right to work collaboratively with your counselor in establishing treatment goals.
- You have the right to ask questions about your counselor's qualifications, credentials, and theoretical orientation, as well as any counseling and testing techniques/procedures utilized.
- You have the right to refuse or terminate treatment.
- You have the right to review with your counselor.
- You have the right to be treated with dignity and respect without regard to your race, color, religion, national origin, gender, age, sexual orientation, or disability.
- You have the right to have your counselor explain the way in which your confidential mental health information will be handled and the limitations of confidentiality. The records in your personal file are maintained by Mika Ross, M.Ed., LPC, NCC and office staff, including diagnosis and test results.
- You have a right to a copy of records generated by our office. Typically, you will be asked to meet with your counselor to review records before they are released to you.

Client Responsibilities

- A missed appointment is a loss to everyone. Please notify our office if you are unable to keep a scheduled appointment.
- You are expected to arrive for appointments without being under the influence of drugs or alcohol.

I have read and understand these rights and responsibilities: Initial _____

Cancellation Policy

You have the ability to change or cancel your appointment through our scheduling system until 24 hours before the scheduled appointment. We require a 24-hour advance notice for appointment cancellations and rescheduling. If we do not receive 24-hour notification you will be charged the full fee for the

appointment hour. Likewise, you will be charged if you don't show up for a scheduled appointment. I understand that there may be an occasional emergency that interferes with your notifying me within the 24-hour window of time and will always take these circumstances into consideration.

Signature of client or his/her personal representative: _____ x _____ Date: _____

Printed name of client or personal representative: _____

Description of personal representative's authority: _____