**Informed Consent:**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your reason for seeking therapy at this time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information disclosed during sessions, your identity, diagnosis, and records, are held in confidence. By law and ethical standards, there are circumstances when confidentiality must be broken. These include: child pornography, harm to yourself, others elders, children, or to avoid prosecution. Confidentiality *may* be broken if you should refuse to pay your fee and it goes to collection. Confidentiality may also be broken if the court should subpoena my records, you sue, or request the court to review records. By signing below, you are indicating that you understand the limits of confidentiality and agree to enter into a therapeutic contract.

The fee for my service is $130.00 per 45 to 50 minute session, to be paid in advance or at the beginning of each session. If you should desire to continue past the 50-minute session and time allows, a prorated fee is applied at $2.60 per minute. A fee for phone consultation is assessed at $2.60 per minute, when it is prearranged and concerning treatment, not scheduling appointments. There is a $20.00 additional travel fee for session conducted not in my office.

I require a 24-hour notice or cancellations. If you do not cancel or cancel late, you will be charged the full fee. At my discretion, I will not charge you if you miss a session due to an emergency or tragedy. If you are a third party payer, you may not have access to confidential information gathered during sessions, and may only be entitled to billing information (time date and length of sessions).

If you are a parent bringing your child a minor, for treatment, by signing this form you are granting your permission for me to treat your child. I will hold the content of sessions confidential with in the limits of the law, to ensure the success of therapy and respect the privacy of your child, unless there is intent to do harm to self or others or your child/adolescent has been the victim of abuse and there is reason to suspect, it would cause further harm to the minor. When appropriate, I will work with the minor to facilitate their discloser of any important information to the parent(s).

Much of my treatment protocols are from evidenced based practices for the individuals and couples.

Yet the work we do with together, will be directed by your needs, the standard of treatment, and my training. I may assign homework, and require meeting with various members of your family. I may ask questions, and challenge our thinking, habits and beliefs by signing this document your are acknowledging that you understand that Therapy or Counseling does not guarantee a positive outcome. Individuals or Couples may experience an increase of negative symptoms that may be emotionally challenging and disturbing. You may find that you struggle with feelings that are more intense than before entering therapy. The above should be viewed as part of the process.

I look forward to working with you.