

Name: _____

Confidentiality, Client Rights, and Responsibilities

Confidentiality: What you say in your therapy session is confidential, which means that it is private and cannot be shared with anyone outside of this office without your written permission in the form of a signed consent for release of information. Exceptions are emergencies, court orders, information about dangerous behaviors such as thoughts of hurting yourself or others and elder or child abuse. This will be reported to the proper authorities to help keep you and others safe.

Informed Consent: You have the right to an explanation of your condition and treatment in language that you can understand. You have the right to refuse treatment. You have the right to release or to refuse to release your records.

Input into Treatment: You have the right to provide input into your treatment and to share in the treatment planning process.

Promptness: Your counseling session will start at the scheduled time, unless your therapist is delayed by a previous emergency. Sessions last 60 minutes. Sessions over 60 minutes will be charged according to amount of time over the initial 60-minute session.

Respect and Non-Discrimination: You have the right to be treated equally regardless of your race, ethnic origin, religion, creed, gender, age, disability status, sexual orientation or source of payment.

Other Information and Options: You have the right to information concerning your provider. You have the right to know about other treatment options and the clinical standards for your treatment.

Cancellation Policy: A 24-hour notice is required for appointment cancellations. Your therapist reserves your appointment time for solely for you. If you do not cancel 24 hours in advance, you will be charged the full fee. Note that you may leave a message on nights and weekends.

Fee payment: Fees or Co-pays are due at the time of your appointment. Insurance information and collection is the responsibility of the client.

Following Therapeutic Interventions: In order to benefit fully from your therapy/treatment, you have a responsibility to follow the interventions assigned by your therapist. This includes a referral to a doctor for medication evaluation, completing homework assignments between sessions, or trying new behaviors. If you do not agree with the therapist's intervention, your responsibility is to state such, so that together with your therapist you can work on an intervention with which you are both comfortable.

Participation in Treatment: In order to benefit fully from your therapy/treatment, you must participate by giving your therapist information needed to guide the therapy/treatment process. This includes any medications taken or medication changes. This also includes informing your therapist when you feel your therapy/treatment is not working for you.

Safety: You are responsible for avoiding any actions that could harm yourself or others. This includes being responsible for telling your therapist if you feel that you might harm yourself or others so that your therapist can take actions to keep you and /or others safe.

Client Signature

Date

Therapist Signature

Date