

## **INFORMED CONSENT**

I am committed to making your therapy experience a positive and productive experience. Your feedback is valuable. Therefore if you ever have any questions or concerns about the counseling process please feel free to ask me.

### **Confidentiality**

Everything we discuss is confidential except in the event that:

1. You are a danger to yourself or,
2. To others.

### **Possible Risks**

Your relationships could become more conflictual before getting better and your emotions may intensify as part of the healing process.

### **Fees**

On your initial visit we take all your insurance information and check your coverage. I would appreciate your payment of fees at the time of service.

### **Cancellation Policy**

If you do not cancel an appointment within 24 hours prior to your appointment, you may be billed for that session.

### **In Case of Emergency**

In case of an emergency you may call me on my cell phone at 314 348 2351. If you are unable to reach me and you need immediate counseling you can call Life Crisis at 314 647 4357. In the case of a medical emergency please go to the nearest ER or call 911.

### **Parking**

You can either park in the driveway or in front of the house. If you park in front of the house you can then drive down the street when leaving and turn around at the bottom of the street. When parking in the driveway please be careful when pulling out. Cars could be coming up and down the street.

## Insurance

The Health Insurance Portability Accountability Act of 1996 (HIPAA) requires that we receive your permission before we release any personal information for any reason. This consent form gives us permission to use your Protected Health Information to carry out treatment, to receive payment and /or as part of mental health care operations of my practice.

HIPAA also require us to have written notice of our privacy policy describing how medical information about you may be used and disclosed. I have provided you with that information entitled Notice of Privacy Practices. At your request, I will provide a more detailed copy.

HIPAA gives the client the right to add restrictions to the release of Protected Health Information. The counselor does not have to agree to these restrictions but, if the counselor does agree, they are legally binding. These restrictions may be, but are not limited to things such as not calling you at home or work or not sending anything in the mail.

You have the right to revoke in writing this consent form at any time although any services performed prior to the revocation of this consent are covered by this consent.

I \_\_\_\_\_, understand this form.

Date\_\_\_\_\_

### RESTRICTIONS:

Counselor signature\_\_\_\_\_