

Sarah Larsen Counseling

Informed Consent Form

Consultation Process

The first session is a consultation, which usually includes: completing necessary paperwork, meeting with your therapist to discuss goals and reasons for seeking treatment as well as your client history.

Appointments

It is your responsibility to notify your therapist at least 24 hours in advance if you are unable to attend your appointment. **Cancellations of appointments less than 24 hours in advance and "no shows" are subject to the full fee for the appointment time.** Your therapist may offer communication through email or texting for the purpose of scheduling only. Emails to your therapist may not include therapeutic content or information regarding danger to one's self or others. Your therapist is not available 24 hours a day; in case of emergency, please call 911 or go to the nearest hospital emergency room.

Payments & Fees

You are expected to pay for services at the time they are rendered, unless other arrangements have been made. Services are rendered and charged to the client, not to the insurance company. Upon request, your therapist will provide you with a receipt to submit to your insurance company for reimbursement. You may also incur charges for phone calls lasting more than 20 minutes. Your fee may be subject to an annual increase. There is a \$20.00 charge for returned checks.

Limits on Confidentiality

In certain situations a therapist is mandated or permitted by law to take actions that she believes are necessary to attempt to protect the client or others from harm, and she may be required to reveal limited information about a client's treatment. Those situations can include: child abuse, viewing child pornography, danger to self, threat of violence to others, adult violence witnessed by a minor, and elder/dependent adult abuse.

Privacy

The law protects the privacy of all communications between a client and a therapist. In most situations, your therapist can only release information about your treatment if you sign a written Authorization Form that meets state law requirements. **However, your therapist is permitted or required to disclose information without your consent or authorization under the following conditions:**

- **Consultation**

Your therapist may seek advice from other professionals. During a consultation, he or she will make every effort to avoid revealing the identity of any client. The other professionals

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are also legally bound to keep the information confidential. Your therapist may not discuss these consultations with you. All consultations are noted in your clinical record.

- **Contribution of Knowledge**

Your therapist may write books, teach, and/or lecture at various venues. On occasion, your therapist may use disguised case data for writing, teaching, or training purposes only. No identifying information is included.

- **Collection**

If you do not pay your fee, your therapist is legally permitted to contact a collection agency.

- **Government Agencies**

If a government agency is requesting the information for health oversight activities pursuant to their legal authority, your therapist may be required to provide it to them.

- **Lawsuits**

If a client files a complaint or lawsuit against his/her therapist, relevant information may be disclosed regarding that client without client consent in order for the therapist to defend herself.

Parents and non-emancipated minor clients 12 years of age or older can consent to psychological services subject to the involvement of their parent(s) or guardian(s):

- **Unless** the therapist determines that parental involvement would be detrimental.
- A client over 12 years of age may independently consent to psychological services if he or she is mature enough to participate intelligently in such services, and/or the minor client either would present a danger of serious physical or mental harm to him or herself or others, or is the alleged victim of incest or child abuse.
- Clients over 12 years of age may independently consent to alcohol or drug treatment in some circumstances.
- Non-emancipated patients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records, unless the therapist determines that access would have a detrimental effect on the professional relationship with the client, or have a negative effect on his/her safety or psychological wellbeing.

It is my policy to request an agreement between minors (over 12 years of age) and their parents about access to information. This agreement provides that during treatment the therapist will provide parents with only general information about the process of the treatment, and a record of client's attendance at scheduled sessions. I will encourage parent participation when appropriate.

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Termination of Therapy

It is to the client's advantage that a decision to end therapy will be discussed candidly and thoroughly with the therapist in advance of leaving. It is within the client's right to terminate therapy at any time.

Note: Please note that therapy may be a challenging process. During treatment, it is possible that you may feel worse before you begin to feel better. Remembering unpleasant events and dealing with difficult situations may arouse intense or unexpected emotions. Your therapist will guide you in this process in a way that feels collaborative and always has your best interest in mind. She is available to discuss these issues any time during your treatment.

I, the client, agree to be responsible for the payment of \$145 per session (50 minutes) which is payable at the time of the session. I understand that I am responsible for full payment, even though my insurance company may reimburse me.

Your signature below indicates that you have read this agreement and agree to its terms. Please feel free to discuss any concerns you may have with your therapist, Sarah Larsen (949-274-2521).

Signatures

Client _____ **Date** _____

Print Name _____

Partner _____ **Date** _____

Print Name _____

Parent/Guardian _____ **Date** _____

Print Name _____