



INFORMED CONSENT & AGREEMENT FOR SERVICES

Client Name(s)

Date

Introduction

This document is intended to provide important information regarding professional services, business policies and your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information About This Practice

The name of the practice is Parenting Plus Child and Family Counseling. It is a Marriage and Family Therapy Corporation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Fees and Insurance

The fee for a 90-minute intake session is \$450. Fees for parent, individual adult, family or couple sessions are \$300 for 50 minutes. Fees for child or adolescent sessions are \$250 for 50 minutes. Additional time will be prorated accordingly. We reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance. Initial intake is payable at the time of that session. Subsequent sessions are invoiced monthly and are due and payable upon receipt. Payments that are 10 days past due will incur a 10% late fee. Cash, check and credit cards are accepted. Checks should be made out to: Parenting Plus Child and Family Counseling. We also require a credit card to be kept on file.

There may be phone contact or email exchange for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee (on a pro rata basis) for these therapeutic services.

Parenting Plus does not directly work with insurance companies for coverage of services and is not a "preferred provider" for any insurance company. However, we will provide an insurance statement including ICD diagnostic codes and CPT procedure codes, so that you can submit the paid invoice to your insurance for possible reimbursement.

If you become involved in a legal proceeding that requires your therapist to participate for any reason, you agree to pay the regular fee of \$300 per 50-minute hour for any time spent on you case. This includes, but is not limited to time spent gathering clinical records, time spent in court or giving depositions, and lost income for sessions I must miss.

Cancellation Policy

You are responsible for payment of the agreed upon fee for any missed session(s) if you fail to give at least 48 hours notice of cancellation. Cancellation notice should be left with your therapist by email.

Therapist Availability/Emergencies

Your therapist has confidential voicemail that allows you to leave a message at any time. Please ensure that you notify your therapist via email if you have left a voicemail. Voicemails are not checked on a regular basis. **We are unable to provide 24-hour crisis service.** In the event that you or your child are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911 or go to the nearest emergency room.

Confidentiality

The information you disclose to your therapist will not be released to any third party without your written authorization. Exceptions to confidentiality include, when your records are subpoenaed, and when reporting is required or allowed by law. The law requires reporting suspicious child abuse or neglect: bullying, downloading, steaming, or accessing material in which a child is engaged in an obscene or sexual act: danger to self: suspected elder abuse: and suspected danger to others.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his/her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

The Therapy Process - Risks and Benefits

It is your therapist's intention to provide services that will assist you in reaching your goals. Based on the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are collaborators in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, the therapeutic process has been shown to have benefits such as improved relationships, solutions to specific problems, and reductions in feelings of distress. However, there are no guarantees of what you will experience or the result/outcome of your therapy.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue treatment at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Acknowledgement

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement. You agree to abide by the terms and conditions of this agreement and consent to participate in the therapeutic process. Please ask your therapist to address any questions or concerns that you have about this information before you sign. Moreover, you agree to hold your therapist and Parenting Plus Child and Family Counseling, free and harmless from any claims, demands, or suits for damages from any complications whatsoever, save negligence, that may result from such treatment.

Client Name(s)

Client Signature(s)

Date