

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities. Information about how third parties treat children and vulnerable adults may be reported as well.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Secrets Policy for Relationship Therapy

In couple or family therapy, should one participant decide to reveal private information affecting a partner or family members to the Therapist, **the policy of this therapist is to assist the disclosing person in bringing this information into the therapy.** Therapist will not reveal information disclosed by one partner to the therapist. Should the partner disclosing be unwilling to also disclose to the partner in session, Tx will need to terminate the therapy.

Text Messaging

Please use text messaging only for appointment changes or to request a phone call from your therapist. Secure Messaging is through www.simplepractice.com once you are established with that service. After you are offered that service, Tx will respond to your texts using SM or will telephone you if possible in response to any non-HIPAA-compliant texts.

By signing below, I agree to the above assumption of risk and limits of confidentiality in therapy and understand their meanings and ramifications.

Client Signature (Client’s Parent/Guardian if under 18)

Date

Client Signature (Client’s Parent/Guardian if under 18)

Date

Cancellation Policy

If you are unable to attend an appointment, you are requested to provide at least 48 hours advance notice. Since this time cannot be used for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled. The exceptions to this policy are Tricare, Military One Source, and The Soldiers Project clients per agreement with those organizations.

For all cancellations made with less than 48-hour notice or a scheduled appointment that is completely missed (No-Show), it is essential that you contact your therapist as soon as possible to schedule your next session and make arrangements for payment for clients if required as agreed. Clients will be charged for any bank fees for returned checks or credit failures whether for the session or co-pays. Ongoing appointments are automatically cancelled after a No-Show. Be sure to contact your therapist before coming in again. This policy also applies to Tricare, Military One Source, and The Soldiers Project clients.

If you are going to cancel, please call or text (925) 323-5182. Therapist will confirm cancellation as quickly as possible during business hours. If you haven't heard that your therapist has received your message, please call again or again or leave a message at 916-910-9412 or 925-323-5182.

Your help in keeping the office schedule running timely and efficiently is very much appreciated.

Client Signature (Client's Parent/Guardian if under 18)

Date

Client Signature (Client's Parent/Guardian if under 18)

Date