

Client Rights, Responsibilities and Informed Consent

Counseling is a collaborative process with your therapist that involves:

- Exploring the issues that brought you to therapy
- Building a trusting relationship with your therapist
- Deciding upon specific goals and objectives
- Working toward these goals and objectives
- Evaluating your progress on a regular basis

I understand:

- That I have chosen to receive treatment services and I may terminate my therapy at any time, unless ordered by the court.
- That there is no assurance that I will feel better.
- That during the course of my treatment, material may be discussed that is upsetting in nature. This is a part of the therapy process that may be necessary to resolve my concerns.
- That I may be contacted by my health plan to ensure continuity and quality of therapy or after the completion of treatment to assess the outcome of treatment.
- That records and information collected during my treatment will be held or released in accordance with federal and state laws regarding the confidentiality of such records and information.
- That state and local laws require my therapist report all cases of suspected abuse or neglect of minors or vulnerable adults.
- That state and local laws require my therapist report all cases where there exists a danger to self or others.
- That there may be other circumstances in which the law requires my therapist to disclose confidential information.

I have the right:

- To confidentiality under federal and state laws relating to the receipt of therapy.
- To be informed of and ask questions about my therapy including the qualifications of my therapist.
- To be a collaborative partner with my therapist in the development of treatment plans and goals.
- To select a therapist of my choice at my expense.
- To make an informed decision about whether to accept or refuse treatment.
- To contact and consult with counsel at my expense.

General Office Policies:

Missed or cancelled appointments without a 24 hour notice, for any reason other than an emergency or illness, will be charged at \$50. Messages may be left at 615-434-2153 at any time to change or cancel appointments. A pattern of No Shows or Late Cancellations may result in denial of services.

Emergency Situation: If you are experiencing a counseling emergency and are unable to reach me, please call your local 24 hour crisis line. If you are experiencing a life threatening emergency, go immediately to the nearest hospital emergency room or dial 911.

I understand that my therapist, health plan representatives and my primary care physician may exchange any and all information pertaining to my therapy to the extent that such disclosure is necessary for claims processing, case management, coordination of care, quality assurance, and/or utilization review purposes. I understand that I can revoke my consent at any time except to the extent of treatment has already been rendered or that the action has been taken in reliance on this consent. I understand that if I do not revoke this consent, it will expire automatically one year after all claims for treatment have been paid as provided in the benefit plan. I have read and understand the above.

Client Signature

Date