



# In The Moment Child and Family Therapy

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## *Informed Consent*

You have rights as a client and the purpose of this form is to request your informed consent in order to begin treatment. Your signature below indicates that you wish to receive services from ITMC&FT and that you have received, reviewed and understand the following:

### **Clients Rights Statement**

You have the right to ask questions about any procedure used during therapy; I will explain my approach and methods to you. If I see a child under the age of consent, all custodial parents must give written consent and have the right to information shared in session. Parents should be aware that exercising this right may be detrimental to the therapeutic process, and may wish to allow confidentiality between the child and the therapist.

You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the name of other qualified professionals whose services you might prefer.

You have the right to end therapy at any time without moral, legal or financial obligation other than those already accrued. I ask that you contact me with that information by phone, in person or in written form.

### **Confidentiality**

Information revealed by you during therapy will be kept strictly confidential and will not be released to any person or agency without your written permission. In addition, when more than one family member is seen in therapy, the therapist views the family as a whole as the client. Release of information in that case requires the written consent of each family member.

There are certain situations in which I am required by law to release information obtained while in therapy to other persons or agencies without your permission. These situations are:

- a. If you threaten grave/bodily harm or death to yourself or someone else.
- b. If you reveal information relative to child abuse/neglect, elder abuse by yourself or someone else.
- c. If a court of law issues a court order. In the event that one of these exceptions occur while we are in our meeting, I am required by law to call the authorities.

### **Therapist will discuss treatment recommendations, benefits and side effects of treatment**

When entering therapy, you should be aware there are both risks and benefits.

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to regulate emotions, learn to live in the present and many other advantages. A major benefit could be a better understanding of yourself, your own family of origin and behavioral patterns that have been handed down over time. Another possible benefit may be a greater ability to cope with marital, family or other interpersonal relationships. Therapy will seek to meet goals established by the therapist and client and usually concerns a specific presenting problem. A treatment plan will be developed that will

be regularity developed and reviewed by you and the therapist and will include the presenting problem(s), measurable treatment goals and approaches.

**Technology**

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via our account with Doxy.Me, telephone or email. Due to the nature of online counseling, we use a program that is secure and HIPAA compliant. Please request a copy of our Business Associate Agreement for additional information.

**How to access emergency services when clinic is closed:**

ITMC&FT maintains usual business hours weekly from 9:00 am to 5:00pm, M-F. Outside of business hours and during weekends, *life threatening emergencies* should be handled by calling 911 to access emergency services. Phone calls and emails will be answered as soon as possible during business hours.

**Fee Schedule and Payment Arrangements**

I/We agree to enter into a therapeutic relationship with In The Moment Child and Family Therapy, LLC. I agree to pay \$125.00 per session or \$\_\_\_\_\_ on an individual sliding fee scale for each session.

A copy of the sliding fee scale is available upon request.

Payment can be made by cash, check, credit/debit card, Health Savings Account (HSA) or online via Square invoice.

*Payment is due at the end of each session and no balance will be carried.*

Clients may request a detailed superbill in order to submit paid fees to their individual health insurance company.

I can leave therapy at any time and am contracted to pay only for completed therapy sessions.

Please note:

***A 24-hour notice is required for the cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that I may be dismissed and referred to another provider after two missed or late cancellation appointments.***

I understand that ITMC&FT has the right to seek legal recourse to recoup any unpaid balance.

I have had time to study the information on this form and ask any questions I have concerning treatment/services. I can request a duplicate of this form at any time. This form is effective for 12 months after the date it was signed.

**Client(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_