

Desert Sage Counseling LLC

Informed Consent/Office Procedures

PLEASE READ THE FOLLOWING STATEMENTS & SIGN ON PAGE TWO

1). Our sessions are confidential, which means that I will not be disclosing information you share with me without your written consent, with the exception of the limits of confidentiality listed in number four below. If I am working with you as a family or couple, I must have written consent of all parties involved in order to share information with outside parties.

2). What is discussed or discovered in counseling is held in strictest confidence, is designed for therapeutic purposes only. Such information is not to be used in a court of law or in other situations where confidentiality would be broken.

3). Sessions are a cooperative partnership between you, as an active participant, and me. My desire is to assist you with your goal(s). Sometimes presenting issues appear to become worse, before they improve. Setbacks and uncovering uncomfortable feelings offer the potential for learning, improved functioning and growth. A natural tendency may be to consider premature termination when these feelings arise. Please communicate with me if you begin to experience this phenomenon so that we have the opportunity to discuss concerns. While the decision to end therapy is yours, I ask that you consider a final session to terminate the therapy process to provide a sense of closure for both of us.

3). Limits of confidentiality: I am bound by ethical standards for marriage and family therapists through the AAMFT. While your confidentiality is of primary importance, I am a mandated reporter or must enlist help in the following circumstances:

a). You inform me that you intend to harm yourself or someone else and I have reason to believe you will carry that act out.

b). I suspect abuse/neglect of a child or an elderly person (over the age of 65).

4). The standard session is 50 minutes in length. Couples or clients with multiple or complex issues may request to meet for a double session, 100 minutes. Payment is to be made before or after sessions by cash, check or major credit card. There is a \$40 fee for returned checks.

5). **A minimum of 24 hour notice is required for cancellation of an appointment. There will be a 100% cancellation fee if a 24 hour notice is not given, unless you have contacted us (such as for illness or emergencies).** The fee will be charged at the current standard rate which is posted on my web site: www.desertsagecounseling.net. If you develop a cycle of cancelled appointments, I reserve the right to terminate counseling and provide you referrals to receive counseling elsewhere.

- 6). If you require that written reports to be sent to schools, employers, attorneys, doctors, courts and other agencies, you will be charged for my time to write such reports. The fee (payment required prior to releasing the document) will be discussed with you prior to my writing those reports. You must be current on your session fees before I will write and provide you with requested documents.
- 7). In the case of a mental health emergency, please immediately call 911, Montevista or Spring Mountain Hospital, or go directly to a local hospital emergency room.
- 8). If I am meeting with you as a couple, we may conduct individual sessions during the course of therapy which are confidential. If you disclose information that I believe will impede the progress of our couple's sessions, I will encourage you to share that information in a future couples session to facilitate the couples therapy process. If you choose not to disclose this information and I feel that couples therapy cannot progress without doing so, I reserve the right to discontinue couples therapy.
- 9). Due to the confidential and professional nature of our relationship, and in keeping with American Association of Marriage and Family Therapy Ethics Standards, I do not correspond through social networking sites (i.e. Facebook, Twitter, etc.) with current clients or prior clients.
- 10). If you have any questions about these policies, please discuss them with me during your intake session or future sessions if concerns arise.

My signature below signals that I understand and agree with the policies, procedures and limits of confidentiality at Desert Sage Counseling

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____