

# Corey Hooper

Licensed Marriage and Family Therapist, MFC #48076

## Consent to Treatment

As we begin our work together, it is important to clarify the nature of our therapeutic relationship and both the extent and limits of confidentiality.

### **Confidentiality:**

The utmost care is taken to preserve your confidentiality. It is understood that all information disclosed during our sessions is confidential and will not be revealed to anyone without written permission, except as required by law. The law may require disclosure, however, in the following circumstances:

- a. When there is a reasonable suspicion of abuse/neglect to a child or to a dependent or elder adult.
- b. When the client communicates a threat of bodily injury to self or others.
- c. When the client is suicidal.
- d. When disclosure is required pursuant to a legal proceeding.
- e. When a client is in a probation or parole period or other legal situation that would require disclosure.

When more than one person is being seen in therapy (i.e. a couple or family) I view all members as the client, or treatment unit. In this case, releases of information for sessions require the written approval of each member of the treatment unit.

I do not keep individual confidences that are harmful or destructive to other members of the treatment unit. This “no secrets” policy is intended to allow me to keep treating the couple/family by preventing a conflict of interest to arise where an individual’s interest may not be consistent with the interests of the entire unit receiving treatment.

Please initial here: \_\_\_\_\_

### **Benefits and possible risks of therapy:**

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Other benefits relate to life changes resulting from resolution of concerns addressed in therapy.

Although there is an expectation that there is benefit from psychotherapy, there is no guarantee that this will occur. Nor is there any guarantee concerning the required duration of treatment. The client’s progress in therapy will be periodically reviewed together with the client. The client can inquire about the nature, length, cost, and consequences of treatment at any time, and is free to discontinue treatment at any time.

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Therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself and family.

**Cancellation Policy/Fees:**

In an effort to keep fees low, the fee we agree on is based on four sessions a month. Once we have agreed to work together, cancellations must be made a minimum of 24 hours in advance for any reason. If we are able to reschedule the missed session before your next appointment, you will not be charged. Otherwise, the full session fee needs to be paid.

Fees are subject to review at the beginning of the calendar year or if your financial situation changes. Fees for therapy are due at time of session, payable in cash or by check. If you wish to use a credit card, please notify me ahead of time (there is a 5% surcharge for credit card payments). Note: there is a \$15 fee for all returned checks.

In the event that I am subpoenaed, deposed, or called to testify in regards to your mental health, I will bill my time at \$400 per hour. This fee is not contingent upon the outcome of your case and is due at the time of service. It also applies to copying and furnishing of any files and door-to-door travel time to and from locations.

Please initial here: \_\_\_\_\_

**Telehealth:** I consent to doing telehealth (online or by phone) if situations arise that make it impossible to do in person therapy. The cancellation policy, fees are the same as stated above.

Please initial here: \_\_\_\_\_

**Availability for Emergencies:**

The client may leave messages regarding appointment times, rescheduling, or other concerns that will not wait until the next scheduled session. I check my voicemail for messages regularly and can generally attempt to return a client's call the same day it was received. However, I am not available on a 24-hour basis for emergencies. Should you be in crisis, we will discuss the options for keeping in touch between sessions or with connections to other resources during the crisis period. In any life-threatening emergency, please contact 911 or go to the nearest hospital emergency room.

I have read, understand and agree to the terms of the Consent for Treatment form.

Client's signature: \_\_\_\_\_

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