

CONTEMPORARY COUNSELING

Informed Consent for Counseling

I hereby consent to enter into a counseling agreement with Gladys Day. I understand that I have the right to refuse suggestions, and the right to terminate at any time.

I understand that all counseling sessions are confidential; however, limits to confidentiality are prescribed by law and the ethical standards of the counseling profession, for instance:

- (1) If the client states they are going to harm themselves or someone else,
- (2) An incidence of current child abuse or neglect.

A separate Release of Information Form must be signed in order for the counselor to communicate with anyone regarding visits.

- A. I accept responsibility for payment or co-pay at each appointment.
- B. After school and work hours are in high demand. We reluctantly charge for missed appointments. (Insurance companies will not pay for them).
- C. 24 hour cancellations are requested to avoid late fees. Emergencies are recognized.
- D. I have been provided with a Notice of Privacy Practices (HIPAA) explanation.

Date _____

Signature _____

Print Name _____

Parent (if necessary) _____
