

Teamer Counseling  
2-4 Austin Court  
Poughkeepsie, NY 12603  
(845) 206-4046

### **Informed Consent for Treatment**

Welcome to therapy! The purpose of this document is to share information about the policies of the practice and for you to provide your informed consent to the treatment process. I am happy to discuss any questions or concerns about this information. Kindly sign and return the document to provide informed consent for our work together.

Confidentiality: All mental health information is private and protected by HIPAA. I do not share identifying information about my clients with anyone without a signed release form. I am a mandated reporter by law, however, and am required to report information, without permission, if I am concerned about the safety or welfare of a child.

Privacy: I appreciate efforts to protect my privacy and the privacy of other clients. It is unethical for me to have personal relationships with my clients. For that reason, I do not engage on social media. Should we run into each other in a public place, I am likely to say a brief hello without discussing anything personal with you or anyone I am with about our relationship. Should you see someone you know in the building, kindly be respectful of their privacy as well.

Communication: I, or a member of my team, is usually available during business hours Monday-Friday 9am to 8pm via email, phone or text. Please allow for up to 24 hours to return a phone call regarding a non-urgent matter as most of my time is spent in session with my clients. Please be aware that should you choose to communicate with me via email or text, these are not secure methods of communication. I will do my best to protect your privacy by password protecting my devices and using security software, but unsecure forms of communication are subject to confidentiality breaches that may be out of my control. That being said, text and email are convenient and acceptable for ways to communicate non-clinical issues such as scheduling if you provide consent.

Emergencies: In case of a mental health emergency (emotions are out of control, unable to calm, and there is risk of harm to self or others) and therapist is unreachable, you may call the Dutchess County Helpline at 845-485-9700. There will be a mental health professional available 24/7 to guide you. Dutchess County has both an adult and child mobile crisis team at the same number that may be available to come to your home for an assessment should therapist be

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unavailable. This is a helpful alternative to an emergency room visit for an emergency assessment.

Means Restriction: Should you have a minor in the home that is suffering from depression, it is best practice to recommend the removal of access to medication (including over the counter meds) and firearms. Meds should be locked in a secure location and firearms should be completely removed from the home.

Attendance Policy: Please provide 24 hours notice when canceling an appointment. We understand that unforeseen circumstances do come up at times, however it is required that clients pay for the time that was held for them. The missed appointment fee is \$45. We will waive one missed appointment fee for illness or emergency over the course of treatment.

Progress in Therapy: Progress in therapy is a complex issue. Often, what one gets out of therapy is directly related to how much effort one puts in and a willingness to hear and apply feedback. The quality of the therapeutic relationship is also important. If you have any concerns about treatment, please feel empowered to communicate directly with me about it so we may work out a resolution. If we are not a good match for any reason, I am happy to provide a referral to another therapist if we cannot resolve the issue.

Court: As a general rule, I do not serve as a witness or an expert in court proceedings. My role is to be a mental health provider and my involvement in court can be damaging to the therapeutic relationship and my opinion is not considered to be impartial. My session notes are intentionally written concisely with an emphasis on progress toward mental health goals, which is likely not helpful in court custody cases. Should I be required to appear in court by subpoena, there will be a \$1,000 fee for my appearance. There is a \$500 fee for a health record subpoena.

Billing: By signing this form you agree to my release of personal information to your insurance company for billing purposes. You also agree to pay for any uncovered services. Please let me know immediately about any changes in coverage as I am not in all insurance networks. Copays are due at time of session. Cash, checks and credit cards are accepted. Unpaid fees will result in termination of services and possible collections.

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Please provide an emergency contact with whom I may share personal information.

Name of Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

I have read and agreed to provide my informed consent for treatment.

Signature of Client \_\_\_\_\_

Signature of Parent if Client is a Minor: \_\_\_\_\_

I would like to participate in communication via text and email despite the security risks regarding confidentiality.

Signature of Client or Legal Guardian: \_\_\_\_\_