HAGAN Health

Psychotherapy Informed Consent Document

Client Information:

Client's Name: _____ Age: ___ Gender ID:_____

Emergency Contact Information:

Name: _____

Phone:_____ Relationship: _____

In case of a medical emergency, do we have consent to contact your emergency contact listed above? Yes No

Notice of Confidentiality:
All information disclosed within sessions or consultations is held strictly confidential and may not be revealed to anyone without a written release of information, except where disclosure is permitted or required by law in the following circumstances:
When there is reasonable suspicion of child abuse or neglect, or abuse to a dependent or elder adult
When the client presents an imminent danger to self-and/or others
If a judge determines that our discussions are not confidential, a judge may request specific information
If I have concerns that a client is being abused by their romantic partner, I am not required to report my concerns to law enforcement but can do so at your request. I am required by law to provide clients with resources and education regarding dating violence, and to report to police if we believe that the death of a victim may be related to domestic or dating violence
If the client is a minor, you acknowledge that your child's records are confidential except in the above stated exceptions.

Phone Contact
If you need to contact me by phone-call or text, I may at my discretion provide you with my office number which I have access to during Hagan Health business hours. If I am not available during business hours or it is after hours, you can leave a message and I will usually contact you within two business days. Phone calls and text messages cannot be guaranteed the same level of confidentiality as face-to-face conversations, are not encrypted, and should be used primarily for housekeeping and scheduling concerns. Questions for other providers at Hagan Health need to be routed through the front office. Please do not attempt to contact me for emergency purposes; in the case of an emergency, please call 911 or go to the nearest emergency room. I reserve the right to restrict or not provide phone communication to a client via this personal number.

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Therapy Process & Termination
Psychotherapy can result in a number of benefits to you, such as a decrease in psychological symptoms, improved relationships, and achievement of personal goals. However, the process of talking about painful memories, thoughts, and feelings can be difficult and can at times lead to a client feeling worse for a time. Please discuss with me if you are feeling worse or are not feeling satisfied with the direction and pace of therapy. You are always free to terminate therapy at any time, and I am happy to provide you with referrals to other providers.

Therapist-completed paperwork (e.g., FMLA)
If there is documentation or paperwork you need me to complete, please bring the paperwork to a scheduled session so it can be completed during the session. I do not complete paperwork outside of scheduled sessions. Please be aware certain paperwork may require a physician's signature and cannot be completed by me.

Litigation Limitations
Due to the nature of the therapeutic process and the fact that it often involves disclosing personal and confidential natures, it shall be agreed that if there are legal proceedings involving the client, neither you, your attorney, or anyone acting on your behalf will call on me to testify in court or at any other proceeding, nor will a release of psychotherapy records be requested.

Scope of Competency
I do not perform the following services as they are outside of my competency:
• Custody evaluations or recommendations of custody • Legal testimony
• Prescribing medication or making recommendations of medication
• Disability paperwork • Divorce mediation

Sharing Information with Hagan Health Providers:
If you are seeing a medical provider at Hagan Health, insurance requires me to meet with them periodically to share updates on your treatment. In addition, I may also share information with them in-between meetings if I feel it is in your best interest.

Cancellations and No-Shows:
Cancellations or a request to reschedule for therapy appointments must be made with a 48-hour advance notice or a $75 no-show fee will be charged. In the case of an emergency, please notify your therapist as soon as you possibly can.

If your therapist must cancel or reschedule, we will contact you as soon as possible. Please be sure to provide us with a working phone line with an activated voice-mail inbox to ensure we can contact you.

Consent for Treatment:

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If you have any questions or do not understand any of the above, please consult with your therapist before signing below.

By signing below, I voluntarily consent to assessment, treatment, and/or diagnostic procedures for myself and/or my family member. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also agree that I understand that no guarantee has been made regarding specific outcomes or efficacy for treatment. I have read, understand, and agree to all of the items listed above.

_____ _____

Client Signature Date

_____ _____

Parent, Guardian, and/or Legal Representative Signature Date