Informed Consent

# Welcome to Chara Therapeutic Services. I am honored to have the opportunity to serve you. Please read the following pages carefully, and write down any questions or concerns you may have, so that we can address them together during sessions. This document will serve as an agreement between you, the client, and myself, the therapist.

The Therapeutic Process*:*

Psychotherapy has been proven to be effective for a variety of issues. However, it is not an “instant fix”, but rather a collaborative process that requires effort on the part of the client, as well as the therapist. The client will play an active role in the development of his/her own treatment plan, and may be asked to perform various tasks or homework assignments. Keep in mind that change may occur quickly, but it is more likely to be gradual, and require continuous effort. Although therapy can be an extremely beneficial experience that can lead to positive changes in many facets of your life, there is no guarantee of what you will experience, and the results will vary for each individual. It is important to keep in mind that the issues explored in therapy may evoke feelings of pain, hurt, anger, sadness, guilt, and frustration, as well as joy and peace. The client is encouraged to share these feelings during sessions. A safe and empathic environment can lead to positive change and new ways of coping, or dealing with problems.

Confidentiality:

What the client discloses during therapy sessions is private (confidential) and protected by federal and state laws. The only exceptions to this are the following:

1. Suspected abuse or neglect of a child, elder, or dependent adult
2. Statements or threats about harming self or others
3. Records are subpoenaed by court
4. When the client has given permission to disclose information via a signed release of information

Occasionally, therapy may involve the participation of more than 1 family member or significant individual. Although no information will be revealed without your participation, there is no guarantee of confidentiality amongst participants during these therapy sessions.

There may also be times when the therapist will need to consult with a colleague in order to provide the best care possible. During these times, the client’s name and identifying information will be protected. The consultant is legally bound to keep your information confidential as well.

I also request your permission to call your emergency contact person in the event that your health or safety is in jeopardy. Only the minimum amount of information necessary to assure safety will be released.

For minor clients, parental access to records may be denied if deemed harmful to the child.

Finally, texts and emails are not secure means of sharing information. If you choose to communicate with me in these ways, please limit the content to scheduling and other non-sensitive information. I cannot guarantee that these modes of communication are confidential.

Initials: \_\_\_\_\_\_\_\_

Role of the Therapist*:*

As a licensed therapist, I will do my best to help you within the scope of my training and experience. If there is a treatment that I am not qualified to provide, or if it becomes apparent that you would benefit from seeing a different therapist, I will help you find another clinician who can meet your needs. Similarly, I am not qualified to provide legal or financial advice.

Since psychotherapy involves discussing sensitive and private information, it would not be appropriate or ethical for the therapist and client to maintain any type of relationship outside of a professional one. This includes social media, and I do not accept friend requests from clients.

Termination of Treatment:

Ideally, treatment would end when therapeutic goals have been achieved. However, there are some instances when I would need to terminate therapy for other reasons. Some examples include threatening or dangerous behavior, persistent alcohol or substance abuse, lack of treatment cooperation, if the client is already in treatment with a different therapist, or failing to notify me of a missed session more than twice. The client also has the right to end therapy at any time. If you choose to do so, I kindly request that we schedule 1 final termination session in order to assure safety and achieve closure.

Payments:

Sessions are typically 50 minutes long. My hourly fee is $140. Other professional services, such as lengthy phone calls (10 minutes per day or an accumulation of 30 minutes per week), writing or preparing reports/letters, or attending meetings at your request will be prorated at the same rate. I do not testify in any custody-related court proceedings. In the event that I am compelled to appear in court or prepare court-related documents, I will charge $350 per hour. I will always inform you of the total amount for additional services, and clients will be given written notice of any fee changes.

I accept cash, check, and credit cards. Checks can be made out to Chara Ward. Full payment is expected by the end of the session. I do not accept insurance, but am able to provide a superbill receipt upon request. If your account has not been paid for more than 2 months and there are no arrangements made for payment, then I have the option to contact a collection agency or pursue other legal means to collect payment.

Parents of teens/children: Please do not discuss payment or therapy fees with your child.

Cancellations:

No fee = illness or notifying me at least 24 hours in advance

Full fee = no show, no call/text; cancelling less than 24 hours before appt. except for illness/emergency

Initials: \_\_\_\_\_\_\_\_\_

Therapist Availability:

I will do my best to make myself as accessible as possible, however, I cannot promise that I will be available on a 24/7 basis. You may leave me a voicemail at any time, and I will return your call by my next working business day. If you are experiencing an emergency, please call 911 or go to the nearest hospital emergency room.

Finally, in the event that either one of us are sick, all efforts will be made to reschedule your session at a time that is convenient for both of us.

Telehealth Informed Consent:

During COVID-19, telehealth (therapy via video or phone) is encouraged. I use 2 different HIPAA-compliant online platforms. In addition to safety, other benefits include increased convenience, scheduling, and accessibility. There are also some drawbacks to using technology, such as security or confidentiality breaches, inability to gage facial expressions and nonverbal communication, and technological failures. In the event of the latter, I will take reasonable steps to reestablish contact. If I am unable to reach you and am concerned about your safety, I will call your emergency contact.

Client’s physical address during video/phone sessions:

Office Protocol during COVID-19:

If you choose to do in-person sessions, all efforts will be made to ensure your safety. Please wear a mask if you are not fully vaccinated. Please do not enter the office if you feel sick, have traveled outside of the country within the past 2 weeks, or had recent exposure to anyone with COVID-19. In these instances, you have the option to switch the session to a virtual one or reschedule without charge.

The following safety precautions will be taken for in-person sessions:

-common areas and surfaces will be disinfected before and after each session

-you may need to fill out a brief COVID screening questionnaire within 24 hours of your session

-an essential oil diffuser or air purifier will be running to help cleanse the air

-you may text me from outside the building to avoid lingering in the waiting room

Despite the above precautions, there is still a risk of exposure since it is an enclosed space, and the only way to fully guarantee safety is to meet online rather than in person.

“Walk and Talk” Therapy or sessions at a location other than my office (i.e. park):

There are times when we may both agree that we would like to meet at a location outside of my office. If you choose this option, please note that confidentiality cannot be guaranteed in an outside setting.

 Initials: \_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the client or responsible party acting on behalf of the client), have read and understood this agreement. I understand that I have the right not to sign this form. I understand that no promises have been made to me about the effectiveness of treatment methods, or the results that I will experience. I hereby agree to enter into therapy with this therapist (or have the client enter therapy), as indicated by my signature below:

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Signature of client (or person responsible for client) Date

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Printed name Date

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Signature of therapist Date