

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks :

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18) Date

Cancellation Policy

If you are unable to attend an appointment, it is necessary that you provide at least 24 hours advanced notice to the office. The office is unable to waive cancellation fees for anything other than illness, or illness of a dependent family member in your direct care. For cancellations made with less than 24 hour notice (unless due to illness as described above), or for missing an appointment without providing notice, you will be mailed or electronically invoiced a bill for the cancellation fee in the amount of \$75. If you have chosen to have your credit card on file, you consent that your card will be charged for the cancellation fee. Your cooperation in keeping the office running efficiently is appreciated. Please initial below:

_____ I understand that I will be charged a cancellation fee of \$75 for appointments cancelled without 24 hour notice or missed entirely without notice.

_____ I understand that the *only* exceptions to the \$75 cancellation fee are personal illness or illness of a dependent family member in my direct care.

_____ I understand that if I have chosen to have my card on file, I will be charged \$75 for cancellations under these terms.

_____ I understand that if I have not chosen to have my card on file, I will be mailed or electronically invoiced a bill for the \$75 cancellation fee.

Client Signature Date

Text and Email Disclosure

Text and email messages are to be used for appointment-related information and during business hours only. ***Alison Dickson is not able to offer counseling services via text or email.*** If you choose to email or text information other than that which is necessary to schedule or confirm an upcoming appointment, or for billing-related issues, it is understood that you take full ownership of any risk to confidentiality, and that these messages will most likely not receive a response. Please write your questions down and bring them in to your next scheduled session so that they may be discussed together in detail. Phone or video sessions are also able to be scheduled if you are unable to come in. However if you experience an emergency, please call 911 immediately.

Client Signature Date

Privacy Policy

I have read and been offered (and either accepted or declined) a copy of the Alison Dickson Counseling Notice of Policies and Practices to Protect the Privacy of Your Health Information and have been given the opportunity to ask questions, and all of my questions have been satisfactorily answered.

Client Signature

Date

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