

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. Since the office is unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency. For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee. Your help in keeping the office schedule running timely and efficiently is appreciated.

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 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. 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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