

603 Counseling Inc.

Rodney Baker LMFT

4 Birch Street #205 Derry, NH 03038

603-892-9777

Informed Consent Part I: Your Rights as Client(s)

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of consent (which varies for different states/jurisdictions), all custodial parents have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist.

2. You have the right to decide not to receive therapeutic assistance from me, if you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost equal to or less than my own usual customary fee.

3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision without consulting with me.

4. You have a right to review your records in the files at anytime. I do not keep any "secret notes", so please do not ask me to do so. -

5. One of the most important rights involves confidentiality: Within limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, the therapist views the family as a whole as the client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during the treatment.

6. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard.

These situations are as follows:

(a) if you threaten grave or bodily harm or death to another person, I am required by law to call the police and the person named ;

(b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order;

(c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority;

(d) If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court; and

(e) If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).

7. You have the right to know about the possible harmful results of therapy. In my years of psychotherapeutic service delivery and supervision, the only clear harm I have witnessed has resulted from clients' insistence on using medical insurance for psychotherapy.

Part III: Fees and Length of Therapy

- 1. I agree to enter into therapy with Rodney Baker I agree to pay for each session.*
- 2. I am responsible for cooperating with my insurance company to support prompt payment.*
- 3. A 24 hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the fee of \$50. I understand that this will be my responsibility, not that of the third-party payer.*
- 4. I understand that if my insurance company does not pay for treatment that I will be responsible for payment in full*
- 5. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance.*

Information

Name

Address

City

State

Zip

Phone

By signing I agree to have 603 Counseling save my credit/debit card in my medical file for the purpose of copays/deductibles and no show fees. I agree to allow 603 Counseling Inc. to bill my card on file for copays/deductibles and no show fees.

___ I would like a text message reminder the day before my appointment at the number in my account. I understand that Text messages are not considered secure by the HIPPA standards and will only be used for scheduling reminder purposes.

By signing I consent to electronic signatures and electronic medical records management

Client(s): _____ Date: _____

Client(s): _____ Date: _____

Therapist: _____ Date: _____