

## **CONSENT FOR SERVICES (Therapist)**

Welcome to Providence Counseling. Thank you for taking a few minutes to review this Consent for Services Form. Feel free to ask any questions.

### **Services Provided:**

Counseling

Providence Counseling was founded as a resource to help people grow toward greater health and wholeness. At one time or another, we all face stressful situations, conflicts or doubts that invite a journey into ourselves in search of understanding, resolution and meaning. We work within the framework of each person's individual beliefs, balancing attention to mind, spirit and body.

### **Statement of Confidentiality**

It is the policy of Providence Counseling to protect to the maximum extent possible the privacy of every client. Generally, no one will be given any information about either you or services furnished to you without your prior written authorization or consent. There are, however, some circumstances, which require the disclosure of information without your consent.

Briefly these are:

1. a) When mandated by state or federal law (i.e. suspicion or knowledge of child abuse or neglect)
2. b) When there is an imminent risk or serious threat of physical harm to self or to others (including suicidal or homicidal thoughts)
3. c) When specifically ordered by a court of law

### **Emergencies**

In the event of a crisis, call the Life Crisis Hotline (214-307-0561) or go to the nearest Emergency Room or call 911. Your therapist will be glad to further discuss the details of this with you.

### **Fees**

The standard fee is \$85 per 38–67 minute session. We also have a sliding fee scale for those whose income cannot support the standard fee. Annually we review fees.

### **Appointments and Cancellations**

Appointments are 38–67 minutes and are set at a certain time on a certain day. Since we hold that time for you, there is a charge for appointments cancelled less than 48 hours before your appointment. Be sure to talk about this with your therapist.

### **Liability**

Providence Counseling has Professional Liability Insurance for each individual counselor and Business Liability Insurance for all its locations.

### **Signature**

I am 18 years of age or older, or, I have legal custody of this minor child(ren). I understand and accept the above information and I authorize these services.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist's signature \_\_\_\_\_ Date \_\_\_\_\_