

# INFORMATION/INFORMED CONSENT AGREEMENT

## Client Copy

As a Marriage and Family Therapist Intern, I am dedicated in providing quality mental health care services to individuals, families and couples experiencing distress. Please take a moment to read about my policies and procedures while signing the informed consent agreement located on the back of this page. If you have any questions, please ask me at any time.

1.) **Services.** I provide individual, couple and family therapy for the greater Las Vegas area. It is my responsibility to make recommendations that are in your best interest. If I feel your case is beyond my scope of practice, I may refer to you to another therapist or agency that will better assist you.

2.) **Appointments.** Appointments are approximately 50 minutes and any additional time needed should be scheduled for another session. Appointments, cancellations and or changes to scheduled appointments can be made through these modes of communication: email, text and or phone call/voicemail to me during regular business hours, please refer to my communications policy for further questions. Any cancellations to a scheduled appointment must be made 24 hours in advanced to the scheduled time. **If appointments are not canceled within 24 hours, the full session fee will be added to the client's following next session,** please refer to my cancellation policy for further details. If you miss two consecutively scheduled appointments, your appointment will be given to another client at the discretion of myself and or supervisor. Also, if one or more members of a family and or couple fail to show up for an appointment, it will be left to my discretion whether session will be canceled all together.

3.) **Fees.** Each session fee is \$\_\_\_\_\_per 50 minute sessions for any individual, family and or couple services. I am able to take cash, check, and all major credit cards as a method of payment. Fees are payable prior to the start of or end of each session.

4.) **Privacy of Information.** Our sessions are confidential, which means that I will not be disclosing information you share with me without your written consent, with the exception of the limits of confidentiality listed below. Limits of confidentiality: I am bound by ethical standards for licensed marriage and family therapists through the AAMFT. While your confidentiality is of primary importance, I am a mandated reported or must enlist help in the following circumstances:

- a) You inform me that you intend to harm yourself or someone else and I have reason to believe you may carry that act out. Suicidal thoughts, while important and should be brought up to me, but are without a means and/or plan, are not reportable events and are worked on inside the therapy session.
- b) I suspect abuse/neglect of a child or an elderly person (over the age of 65)
- c) In matters of governmental national security
- d) To confer with my supervisor

5.) **Termination.** Please inform me if you are planning to discontinue treatment for any reason. The final session is an important part of the therapeutic process and should be discussed in advance, just as any mutually agreed up decision.

6.) **Risks/Benefits.** Therapy has been demonstrated to help many individuals, families and couples. This is particularly true when you and or your family sincerely desires positive change to occur and you follow through

with homework and or other activities that you and I agree would be helpful to you/all. If counseling does not result in the change you hoped for, I recommend that you discuss this with me so that I can help you decide whether to discontinue therapy, try an alternative treatment techniques, or seek alternative help. The primary risk of therapy is that the process may involve discussing distressful symptoms and or life events that may evoke unpleasant feelings. If this occurs, it is important to let me know so that I can help you deal effectively with those concerns.

7.) **Court Testimony.** State interns **cannot** provide court testimony.

I have read and understand the nature and limits of the services that Jamelle Berry, Marriage and Family Therapist Intern at Courage to Blossom provides and voluntarily agree to participate in therapy.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Courage to Blossom Counseling

### *Cancellation Policy*

---

Appointments, cancellations and or changes to scheduled appointments can be made through these modes of communication: email, text and or phone call/voicemail to me at 702-907-6384. Any cancellations to a scheduled appointment must be made 24 hours in advance of the scheduled time. **If appointments are not canceled within 24 hours, the full session fee will be charged to the client's following next session fee.** Exceptions to this policy include emergencies and or illness. Because I understand life happens, clients will be given **one** late cancellation session without penalty. A cancelled appointment delays the therapeutic process and creates a block for other clients to schedule sessions.

If you miss two consecutive scheduled appointments, your appointment will be given to another client at the discretion of myself and or supervisor. Also, if one or more members of a family and or couple fail to show up for an appointment, it will be left to my discretion whether session will be canceled all together.

If you have any further questions, please feel free to ask me.