



CLIENT CONSENT FORM

Please read carefully. Sign one copy and keep a copy for your records and future reference.

1. As your therapist I will maintain confidentiality of all information disclosed in therapy. However, there are certain situations where I am **required by law** to reveal information to other persons or agencies and may do so without your written consent. These situations include the threat of bodily harm to yourself or another person, evidence of child abuse or elder abuse, or the issuance of a subpoena by a court of law.
2. All therapists seek continual opportunities for professional development and therefore there may be an occasional need for peer consultation with other health care professionals in the format of anonymous case presentations.
3. Brief records of therapy sessions will be kept in a locked filing system in my office.
4. In the case of an emergency you may leave a message on my confidential voice mail which I check several times a day. If you are in immediate need of assistance, please call 911.
5. My session fee is \$120.00 per 50 minute session which you are responsible to pay at the beginning of each session. Checks can be made out to Dee Clark or Healing Reins. Having your check made out *before* therapy will insure that your therapy time is not taken up with check writing.
6. **Please note:** There is a policy of a **24 hour notification of cancellation** and thus the full fee for late cancellations or missed appointments will be applied.
7. You may make use of any insurance that includes mental health benefits. As you are responsible for your fees, please have your insurance company reimburse you directly. At your request, I will send you a statement at the end of each month which includes the information required by your insurance company. You may directly forward this statement with your claim form to your insurance company.
8. By signing this statement you agree to receive psychotherapeutic care from Dee Clark, MFT 39887, for yourself and/or your family member(s).

Signature: _____ Date: _____

Name: _____