Kim Callaway, LPC, NCC (314) 498-8676

Informed Consent for Therapy

The following information is provided to acquaint you with the policies and procedures of my practice and to better assist you in your efforts towards personal growth.

_____ **I. Your Rights as a Client** (INITIALS)

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time to not receive therapy from Kim Callaway. If you wish, she will provide you with the names of other qualified professionals who services you might prefer.
3. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

_____ **II. Confidentiality** (INITIALS)

1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission.
2. If clients enter into family therapy or couples therapy (relational therapy), confidentiality will be kept within the family. The relationship unit is considered the client. Kim Callaway is unable to keep secrets that may be harmful to the relationship. If someone wants her to keep a secret that can be harmful, treatment may be terminated. If someone needs to work through something prior to sharing the information, she will help the client move to a place where this can be shared. If the person cannot share the information, termination may be necessary and a referral may be provided. During the course of our work together, a smaller portion of the relational unit may be seen for one or more sessions. These sessions should be seen as part of the work we are doing together. If you as an individual are involved in any such sessions, please understand that any information that is disclosed in these sessions may need to be shared with the entire relational unit.
3. There are certain situations where Kim Callaway is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:

a. If you threaten bodily harm or death to another person, Kim Callaway is required by law to inform the intended victim and appropriate law enforcement agencies.

b. If you threaten bodily harm or death to yourself, Kim Callaway will inform the appropriate law enforcement agencies and others (such as spouse, friend or an inpatient psychiatric institution) who can aid in prohibiting you from carrying out your threats.

c. If you reveal information related to the abuse or neglect of a child, dependent adult or elderly person, Kim Callaway is required by law to report this to the appropriate authorities.

4. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

_____ **III. If you are the guardian of a minor or are a minor, please read the following:** (INITIALS)

By signing below, I give my consent for Kim Callaway to conduct therapy sessions with the minor listed below. I have also been informed of the limitations of confidentiality in terms of the treatment of the minor. I understand that special care and sensitivity may be required in releasing information to me about certain topics such as substance use and sexual activity. I accept Kim Callaway's judgment in regards to releasing information related to treatment of this minor. In addition, I understand that at any time if Kim Callaway believes this minor is in danger of hurting him or herself, I will be notified immediately.

_____ **IV. Therapy Services and Fees** (INITIALS)

1. **Fees are $210 for individual sessions (50 minutes). Insurance and/or EAP's can not be used to cover the cost of sessions, unless previously discussed and agreed upon**. (Kim Callaway is not a current provider for most insurance policies).

2. Payment (cash or check) in full is due at the time of the visit and balances cannot be carried over to the next session. Please complete the credit card authorization form to be used for any unpaid balances or late cancellation fees.

3. 24-hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee.

4. I understand the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

5. Kim Callaway can be reached at (314) 498-8676 or callawayk9@gmail.com at any time to leave a message. Messages will be checked daily and returned as soon as possible. If you are in need of immediate care or there is an emergency call 911 or go to your local emergency room.

6. If information is to be released to a third party each member who participated in treatment will be required to consent to and sign a release of information.

7. Clients participating in couples/marriage therapy agree they will not seek to subpoena material for litigation against each other at any time.

***Client address*:**_____
(Please include your full mailing address)

Available numbers where you can be reached:

_____

Email address:

_____

By providing my email address, I hereby give Kim Callaway permission to communicate with me via email, including but not limited to sending receipts for therapy services.

Print Name: _____ Signature: _____ Date: ____

Print Name: _____ Signature: _____ Date:

1. What are the current symptoms and challenges for which you are seeking therapy?

2. What are you willing to do to improve your current symptoms?