

Informed Consent Contract

Center for Family Healing

It is the goal of CFH to work together with you to determine what treatment will best serve your needs. By law, all therapy sessions are confidential. Only with written consent will we discuss your case with anyone outside this office or with anyone other than you. We may discuss your case with other staff members and clinical supervisors with the goal of better helping you.

The exceptions to confidentiality include: 1) known or suspected abuse or neglect of a child; including children who witness domestic violence; 2) abuse or neglect of disable or elderly adults; 3) situations where we are concerned that you are likely to cause great bodily harm or death to self and/or others, and 4) information required by insurance companies (if we decide to use your insurance provider).

Therapist occasionally receive subpoenas. If this occurs for your case, we will discuss how it will impact your particular case. Responding to a subpoena is required by law, but revealing information requires either your consent or an order from a court.

If being seen individually as well as couples, or within a family context, we will keep information confidential (with exceptions to the above). However, if we believe information is important for progress to occur, we may encourage you do divulge the information. If the therapist believes withholding the information prevents progress, he or she may decide to terminate therapy and refer you to another therapist. Also, if you fail to keep or make an appointment within thirty days, your file may be closed and a new intake will be required to return.

Parents have the legal right to receive information that their children share with their therapist during sessions. In Kansas, minors aged 14-17 have the legal right to confidential therapy. The Attorney General has decided that parents should be informed that a child is receiving services if that contact information is given by that minor. In order for children to feel safe, we ask parents to not request information. Your therapist may not share information about your child unless they believe it is necessary to protect the life and wellbeing of the child. Your child's therapist may encourage children to share with their parents and help them to do so.

We wish success to all our clients but it is impossible to guarantee it. If you feel you are not getting what you need, please discuss that with us so that we can refer you to better assist you. Sometimes, therapy results in changes not expected, such as divorce. Your therapist will do their best to help everyone leave therapy with the best possible outcomes, including ending a relationship well.

Therapy sessions typically last 50 to 60 minutes. Your first session will last up to 90 minutes and will be charged at the rate according to the ability to pay scale. All subsequent charges will be billed at that rate. All fees are required at the beginning of each session. In some situations, children will be scheduled for 30 minute sessions which will be billed at half rate per half hour session. Payment is required at each session Regular fees will be charged by any professional services rendered by your therapist at your request; such as phone contacts over 10 minutes, preparation of special forms, insurance reports and consults with other professionals, etc. These services will be rounded up to the quarter hour at the agreed upon rate. For court appearances, there is a standard fee of \$350.00 due prior to the court appearance. This fee covers all preparation time. If the court appearance requires more than two hours, each hour after the second hour will be billed at \$150.00 per hour. Travel to court

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will be billed at 52 cents per mile. The travel time will be billed at normal therapy rates. There is also a charge for copying medical records of 58 cents per page for the first 250 pages and 41 cents per copy beyond 250 pages. The payment is due prior to releasing the file. You will also need to make a written request for any medical record copies. Please contact our office for the Medical Records Request Form.

I accept Visa, Master, Discover cards, cash or checks. A \$30 fee will be charged for returned checks.

As a courtesy, we will send reminders of you appointments. Please do not respond to these reminders as your therapist will not be notified, and you will be charged for a missed session.

If I miss an appointment without attempting to contact you at least twenty four hours in advance, I will be charged the ability to pay rate for the session. My insurance will not pay for any missed appointments and I am fully responsible for the charges of all missed appointments.

By signing below, I understand that if the balance on my account is not fully paid by the due date and I am no longer receiving services from my therapist, my therapist will give reasonable notice (60 days) to me for the unpaid balance before my therapist utilizes his/her right to seek legal recourse or engage a collection agency to recover unpaid balances. The unpaid balance and any fees charged by collection agencies will be my responsibility. In pursuing these measures, my therapist will only disclose biographical information (including any cell phone number provided) and the amount owed in order to ensure confidentiality. Failure to pay could result in being reported to credit reporting agencies.

Email:

Should a client contact the therapist via email, the intent of the email will be to communicate information for the client's use only or to confirm an appointment. It is understood that a response from the client stating their acceptance of the information or to confirm an appointment is acceptable however no other information is to be communicated via email between client and the therapist. I understand the therapist will not engage in therapeutic services over electronic mail.

Texting:

Should the therapist receive a text message from a client, the therapist will respond to the text with a phone call to the client requesting the client contact the therapist via her cell phone. The therapist is unable to text clients unless the text is confirming an appointment or answering an appointment question.

Cell Phones:

Like many professionals today, the therapist utilizes a cell phone for business purposes. Please know that the therapist will refrain from addressing the client's full name or the names pertinent to the client's presenting issue. The therapist is trained to provide and maintain client confidentiality and client privacy. Additionally, the therapist will not conduct therapy over the phone. The therapist will always strive to keep conversations concise and will wait until a regularly scheduled session in order to address the presenting issue.

Other Forms of Communication:

Online websites like that of Twitter, MySpace or Facebook are strictly prohibited as a means of communicating with your therapist.

Emergency Circumstances:

Clients are directed to always call 911 for any emergency requiring medical assistance or involving immediate danger to themselves or persons in their household. I also understand I can refer to my Clients Rights and Responsibilities brochure for other emergency numbers for crisis assistance.

I am licensed by the State of Kansas as a Marriage and Family Therapist and am supervised by Theresa Hubbard, LCMFT. 10 Westowne Street, Liberty, Missouri 64068. 816-407-7706. Only necessary information will be shared during supervision to better assist you to meet your therapeutic goals.

Information about licensing laws of the state of Kansas can be found at www.ksbsrb.org.

1. I agree to enter therapy with CFH and agree to pay the amount determined by the ability to pay scale for each one hour session. I understand CFH will provide a receipt for my payment. Payment is due at the beginning of each session and no balance will be carried unless other arrangements have been negotiated. My signature authorizes the release of information to my insurance carrier as necessary to process my claims. I understand that if my insurance does not pay for treatment, I will be responsible for the full fee. A \$30 travel fee is assessed, in addition to the session fee, for each in home session attempted. Fees can be increased at anytime.

2. I understand that under the provisions of KSA 65-6404 (b), my therapist is required to consult with my primary care physician or psychiatrist to determine if there may be a medical condition or medication that is contributing to the symptoms of a mental disorder that they may have observed while working with me or my minor child(ren) listed below. If you wish to complete such a consultation, the assigned therapist requests that you complete the contact information below or waive your right to have a consultation between your therapist and doctor.

_____ (initial) I waive my right to a consultation between my therapists and doctor

_____ (Initial) I agree to allow my therapist to contact and share relevant medical information with my doctor.

Physician's name: _____

Physician's address: _____

Physician's phone #: _____

Physician's fax #: _____

3. I understand that I can leave therapy at any time and that I have no moral, legal or financial obligation to complete a maximum or minimum number of sessions; I am contracting to pay for scheduled therapy sessions.
4. Anyone signing below agrees to allow the therapist to share any information, at therapist discretion, with anyone else that has signed below, if that individual should engage in an individual session.

Signature of Client or Legal Guardian

Date

Printed name of Client

CFH Staff/Witness Signature

Using the honor system, please circle your gross household income (before taxes) to determine your rate:

Less than \$100,000 = \$75 per session

Between \$100,000 and \$125,000 = \$100 per session

Between \$125,000 and \$150,000 = \$125 per session

Greater than \$150,000 = \$150 per session

Revised 2/13/17

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