

Informed Consent for Treatment

Camilla Smith serves individuals, couples, and their families. Camilla Smith is a Licensed Marriage and Family Therapist in the state of Colorado. **Signing your name at the end of this Informed Consent means that you have completely read, understand, and have inquired into as necessary, all aspects of the consent.**

PATIENT'S RIGHTS:

The discussions that take place in therapy are **confidential**. I cannot disclose your identity, nor can information about you or your family be shared without your written permission. I do reserve the right to consult with colleagues regarding aspects of the therapy. In these instances, no identifying information is shared. In order to protect client confidentiality, we adhere to the following procedures:

1. Written, telephone, or personal inquiries about clients will not be acknowledged without your consent. You must sign a form of consent to release information before any information about you is given to anyone outside of our staff. Even then, we may advise you to withhold information if we feel it is in your best interest.
2. All records or other identifying materials are kept confidential.

There are, however, some exceptions to the confidentiality policy.

1. By law there are specific limits to confidentiality. By the Laws and Regulations of the State of Colorado your confidentiality does not apply when: There is clear and imminent danger to you or others, by court order, or when there is suspected child or elder abuse or neglect. In these cases, we may take reasonable steps to protect those at risk including, but not limited to, warning any identified victims and informing the responsible authorities.
2. We will testify in any court proceeding if ordered by the judge.
3. We will report any plan on the part of a client to commit a crime.

Additional rights and principles are outlined so that you may be informed before consenting to and participating in individual, marital, or family therapy.

1. We are bound by the Code of Ethics set forth by the American Association for Marriage and Family Therapy (AAMFT). You can request a copy of those ethics at any time.
2. You have the right to end therapy at any time without any moral, legal, or further financial obligations other than those already incurred.
3. You can seek alternative therapeutic services from another therapist, even if ordered by the court or directed by Child Protective Services.
4. You have the right to confidentiality of records. It is important that you understand that all identifying information about treatment is kept confidential.
5. You have the right to ask questions about everything that has taken place at any time with regard to administrative or clinical functions, including the techniques and approaches used in therapy.
6. Some of the potential benefits you may experience in therapy include the ability to handle or cope with marital and family relationships in a better way, greater understanding of personal and family goals and values, and greater happiness as an individual, couple, or family.

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7. Some of the potential risks associated with therapy and the discussion of relationship difficulties may include intense feelings of anger, fear, depression, and frustration. As you work to resolve problems and conflicts you may experience discomfort and increased conflict. There may also be changes in your relationship you had not originally intended.

8. You understand that it is your obligation to maintain contact information for Medical Emergency Services (911) and a family member or friend in cases of **emergency**.

9. You understand that Ms. Smith is often unavailable for calls but that you may leave a message on her voicemail (970-393-2360), and that she will return your call as soon as possible. You understand that if your or someone else's life is in danger, you should contact Emergency Medical Services or go to the emergency room immediately.

10. Ms. Smith is not connected with any physician or psychiatrist, but she can make a referral if you feel medicine or medical intervention would be appropriate.

PAYMENT AGREEMENT

I am sufficiently informed that Ms. Smith bills for her time and the services she provides. Payment is expected before or at the time Ms. Smith renders her time. Therefore, I agree and expect to assume financial responsibilities outlined:

- All therapy sessions, except when otherwise noted, carry a fee of \$100.00 per 50 minute hour. Additional time will be charged in quarter hour increments (i.e., \$25.00 per quarter hour, for any portion of the quarter hour).
- You will be billed for ½ of the session rate if you miss an appointment or fail to cancel it a minimum of 24 hours before the scheduled appointment.
- You will assume travel costs, lodging, meal allowances, reasonable gratuities, and professional fees (which are \$1500/day in-state, \$2500/day out-of-state) if the court, your attorney, or you request Ms. Smith's attendance at any legal proceeding. You will also assume costs for any time taken by Ms. Smith to prepare for court at a rate of \$150/hour each. You agree that all these costs will apply even if Ms. Smith is ultimately excused from testifying.

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By Signing this Form, You Indicate That:

- You understand your rights and responsibilities as a client of Camilla Smith and agree to them.
- You understand the confidentiality policies of Camilla Smith and agree to them.
- You understand and are sufficiently informed that Camilla Smith or a representative thereof shall initiate the services of a collection agency, an attorney, or a suit in small claims court, should you neglect to satisfy any outstanding account in full within 60 calendar days of the services rendered or unless you do not meet the payment schedules heretofore agreed.
- You understand that initiation of collection services may require production of this document to a 3rd party, which will result in disclosure of your agreement to attend therapy. You understand that this does not violate the confidentiality policies of Camilla Smith, and that no details regarding your treatment will be disclosed.
- You accept ultimate responsible for the entirety of the bill amount and any fees associated with employment of a collection agency, attorney, or other party required to collect a debt.

Client Date

Client Date

Client Date

Client Date

Therapist Date

Supervisor Date

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