**Therapeutic Informed Consent**

*Please read the following policies carefully. They will help you to understand the procedures and expectations of your services with me. If you have any questions or concerns, please discuss them with me before signing.*

**Notice of Privacy Practices**

When under going care for mental health, some information related to care could be more protected than others. Communications with your therapist are privileged and *cannot be disclosed without your written permissions*, **except where it is required by law**. The following situations, as required by law, would necessitate a mental health professional to reveal information obtained during therapy to other persons or agencies without the client’s permission: (a) If a client threatens bodily harm to him/herself or another person (b) If the court issues an order (signed by a judge), the therapist will be required by law to provide the information specifically described in that order; (c) If a client reveals information of child abuse, neglect, or elder abuse (past or present). Also, if (a) the client presents to therapy as a condition of therapy under court of law, the results of treatment ordered must be revealed to the court; (b) if any sexual improprieties by a former therapist are reported, the therapist must report this to the PA state licensing board; (c) if any sexual improprieties by clergy are reported, the therapist must report this to the district attorney; (d) if the client is seeking reimbursement through an insurance company, it will be necessary to reveal confidential information to that insurance company; (e) In the instance of financial agreements, client’s information may be shared with banks and credit card companies; (f) if a client files a compliant or malpractice suit against a therapist, the therapist reserves the right to use his or her records to defend him or herself in court. A client’s records may also be used to sue for delinquent payment on the practice account.

Protection of client information is paramount to ethical practice of marriage and family therapists. At Boyertown Marriage and Family Therapy, I uphold the highest of standards for guarding your personal information. A client’s personal, written consent is required should the need arise for one’s information or records to be shared for any other reason than those required by law as stated above.

**Duty to Warn**

In the event the undersigned therapist reasonably believes that I am a danger to physically, to myself or others, I specifically consent for the therapist to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel. Initial \_\_\_\_\_\_\_

**Emergency Contact Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent for Telephone, Electronic, and Mail Contact**

I understand communication through telephone, and other electronic means is not completely confidential to the extent that spyware and other dangerous hardware can gain access to protected material. I also understand text messages and emails will be kept in a password-protected account to which only my BMFT therapist has access. I trust my therapist will handle my private information respectfully and with care, to protect my confidentiality. It is recommended that clients keep electronic communication brief and vague, as well as use only in cases of absolutely necessity. Please do not write any information in an email that you would not want others to know. Email is best used for appointment setting, initiating a phone call, or asking questions about Boyertown Marriage and Family Therapy and its therapist. Initial \_\_\_\_\_\_\_

**Client-Therapist Relationship**

The *Code of Ethics* of Marriage and Family Therapists prohibits dual relationships between clinician and client. This means a therapist cannot engage with a client in any social occasion or through social media. Therapists and clients may not be involved in any business activities other than providing psychotherapeutic services. In order to further protect client confidentiality, the therapist will not acknowledge past or current clients in public unless the client first initiates the conversation. This prevents client from being unwillingly required to explain his or her therapist or her relationship to the therapist if asked by a nearby person.

**Grievance Procedures**

Boyertown Marriage and Family Therapist, Amber E. Berkoski, LMFT is licensed by the Pennsylvania State Board of Social Workers and Marriage and Family Therapists. Should you desire to file a complaint against a license holder, you may file the complaint online at <https://www.pals.pa.gov/#/ComplaintForm>

**Financial Agreement**

You have the right to be informed of the cost of services rendered to you. Please read the following information carefully prior to signing. *Minor patients: The parent or guardian accompanying the minor is responsible for full payment when services are rendered. Parents or guardians, please complete this form.*

* Payment of $100 is due in full at the time of services. I require you notify me at least 24 hours in advance should you wish to cancel or reschedule an appointment. Initial \_\_\_\_\_\_\_
* The fee for missed sessions or no-shows is the full session fee of $100. Initial \_\_\_\_\_\_\_
* The fee for cancellation, less than 24 hours in advance, is the full session fee of $100. Initial \_\_\_\_\_\_\_
* The penalty charges for missed or cancelled sessions are not allowable charges to be applied toward insurance and are the **sole responsibility** of the client. Initial \_\_\_\_\_\_\_
* Any phone call lasting over 25 minutes will be billed as a full the therapy hour. Initial \_\_\_\_\_\_\_
* Any documentation preparation will be billed at $50. Initial \_\_\_\_\_\_\_
* Other fees include a $30 service fee for declined credit cards or returned check fees.

Please provide your credit card information to keep on file for billing purposes. You acknowledge that, should the above instances take place, your account will be charged the full session fee of $100. Initial \_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type: AMEX MASTERCARD VISA DISCOVER

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verification Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees Specifically Related to Legal Proceedings and Court Involvement**

In the event a client requires his or her therapist’s testimony or involvement in legal or court proceedings, client consent is required. The therapist will be unable to disclose any information pertaining to other family members or parties in counseling without each person’s specific consent. Court appearances, either requested or subpoenaed, as well as dispositions and settlements are billed at an hourly rate of $150.00. These rates will be charged at a minimum of four hours, which includes time spent on preparation, travel, waiting, and testimony. The initial minimum charge of $600 is due at the time of subpoena. These are not allowable charges for insurance and are the **sole responsibility of the client.** Initial \_\_\_\_\_\_\_

**Consent to Treat**

I, the undersigned, request treatment from Amber E. Berkoski, licensed marriage and family therapist at Boyertown Marriage and Family Therapy. I hereby acknowledge this therapist to administer such treatment as deemed necessary. I also certify no guarantee or assurance has been made as to the results obtained from these services. Risks of treatment include potential for both emotional and relational discomfort related to issues and events discussed during the counseling process. I understand I am free to discontinue therapist at any time. I am aware this therapy agency is not an emergency or 24-hour service and in case of an emergency, agree to call my primary care physician or 911. Initial \_\_\_\_\_\_\_

**Signature**

I certify the information I provided on this form is accurate. I have read and understand the above rights, authorizations, and responsibilities and have signed below to indicate my agreement with the aforementioned terms. I have also read and understood the *Privacy Practices* and have signed below to indicate my agreement.

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Client Signature Date

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Parent/Guardian Signature (if applicable) Date

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Witness Date