

The Center For Tranquility and Restoration
Aileen Nealie, LMFT, DCEP Lic#MFC 40154

CONSENT FOR TREATMENT

I _____ hereby voluntarily request psychotherapy services from Aileen Nealie, LMFT (Licensed Marriage and Family Therapist) and DCEP (Diplomate in Comprehensive Energy Psychology) at *The Center For Tranquility and Restoration*. Treatment will consist of individual, conjoint and/or group sessions as the therapist sees fit. If at any point I am unclear about any item, I will ask for clarification prior to signing this document.

Confidentiality

All information provided and discussed in sessions is confidential, with the following exceptions in which a therapist is LEGALLY mandated to report for the purposes of safety.

1. If your therapist determines that you are seriously suicidal or unable to care for yourself and you cannot contract for safety. You can voluntarily be hospitalized or an involuntary hospitalization may occur in which a police officer or a member of PET (psychiatric emergency team) may escort you to a hospital. A member of your family (designated as the emergency contact provided by you) may be notified in order to assist you.
2. Therapists are required by law to report any suspected child abuse, neglect, sexual abuse or unjustifiable corporal punishment to minors (ages 0 to 18), and
3. are also required to report any suspected elder abuse or dependent adult abuse.
4. If you communicate in session any serious threat to an identifiable victim and there is imminent danger, a therapist has a duty to warn the victim and any identifiable bystanders of such threat.
5. At times, there may be a need to communicate with a third party such as: a physician, psychiatrist, prior therapist, school teacher or relative; in order to better service and care for your needs. This will not take place unless this therapist has your signature on the release of information form for the specific person and for the length of time you choose. You can revoke this release form at any time.
6. When you use health insurance to pay for your psychotherapy, you may have to waive your confidentiality between insurance companies, officials, and your therapist.
7. If you have a court case and your records are subpoenaed, you will be notified by your therapist and you may or may not choose to have these records released. In the event there is a court order for your therapist to testify, confidentiality may be breached, yet therapist will first and foremost be considering the safety and protection of clients and of any known victims.

Appointments, Cancellations, and Phone Calls

1. One individual or conjoint session is scheduled to last 45 minutes.
2. A group session is scheduled to last 1 hour and 15 minutes.
3. If you are late to your appointment, the length of your session will be the remaining time of your 45-minute slot.
4. In order to avoid charges, an appointment needs to be canceled 24 hours prior to its set time.
5. Any phone calls that involve psychotherapy assistance and last for more than 5 minutes will be charged at pro-rated fees.
6. If you are undergoing a crisis you must call 911 or go to your nearest Hospital immediately.
7. If you call during business hours and leave a message for your therapist, it will be returned within 24 hours. If you call over the weekend, your call will be returned the next business day. In the event it is an emergency and you have not reached your therapist directly, you must call 911.

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8. Please note that your therapist ensures undivided attention to each client; therefore, if she is in session, she does not answer phone calls.
9. Your therapist is available only during business hours. This includes texts.

Fees

1. The cost of an individual and/or a conjoint session is \$135. Your insurance is _____ and the copay is _____. If you do not show nor cancel an appointment with at least 24 hours of notice, you will be responsible for the full session's charge, which is \$135. Please note that this fee applies even if you are covered by insurance, as insurance companies do not pay for cancellations nor missed appointments. If there is a late cancellation you will be charged for half the session.
2. A 5 minute grace period will be granted for all phone calls. After 5 minutes the prorated fee will apply. This also applies to time in texting or emails.
3. A sliding scale is available. Please discuss with your therapist.
4. If you ever have difficulty paying for a session, you can discuss a payment plan with your therapist.
5. If, after being in therapy for a period of time, you become unable to pay for services, your therapist will provide you with a list of referrals for low cost treatment.
6. In the event of non-payment or disregard of your duty to pay for services; and after making several attempts to collect the debt without success, therapists are legally able to report and request collection through an independent agency.

Office Policies

1. This office is violence free. Any aggressive, violent or inappropriate behavior is not accepted.
2. No weapons are allowed in the office (such as: knives, guns, bombs and other potentially harmful devices).
3. Cell phones should be turned off once you begin your session, so that you utilize your time effectively and remain focused. This also applies to texting.

Ethical Guidelines

1. Your therapist respects your privacy. It is ethically suggested to all therapists that client/therapist contact remain strictly inside the office. In the event you see your therapist outside of the office (social or commercial), you may certainly approach her with a hello, yet, your therapist is not ethically allowed to address you, as a way of respecting your privacy given you may be accompanied by someone who does not know you are receiving psychotherapy services.
2. Many clients like and want to bring a gift to their therapist to show their appreciation. A therapist is ethically not allowed to accept any gifts from clients. It is sufficient and equally valuable to express your gratitude verbally.

Records

1. Your records are kept in a locked cabinet and remain with your therapist up to 7 years after your treatment has ended.
2. You have the right to request a summary of your records. You can further discuss this with your therapist.

Your rights

YOU HAVE THE RIGHT TO:

1. be treated with respect and dignity at all times.

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- 2. not be denied services because of age, gender, race, disability, sexual orientation or religious believe.
- 3. accept or refuse services.
- 4. confidentiality (with the exceptions noted above).
- 5. to file a complaint or grievance to the Board of Behavioral Sciences.
- 6. to ask your therapist for her credentials.
- 7. ask any question when in doubt.

By signing this document I agree and understand all of the above.

Print Name: _____

Client Signature: _____

Date: _____

Parent or legal custodian: _____

Date: _____

Witness/Therapist: _____

Date: _____