

Informed Consent

Part I: Your Rights as Client(s)

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of 18, all custodial parents/guardians have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and Therapist.
2. You have the right to decide not to receive therapeutic assistance from me; if you desire, I will provide you the names of other qualified professionals whose 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. I ask that you contact me by phone or in writing if you make such a decision without consulting me.
4. You have a right to review your records in the files. Please refer to the HIPAA handout for specific details.
5. One of the most important rights involves **confidentiality**: within limits of the HIPAA law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member or a couple is being seen in therapy, the Therapist views the family/couple as the client. Therefore, release of information for family/couples' sessions require the written approval of every consenting member of the family who was present at any time during the treatment.
6. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.
7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) if you threaten grave or bodily harm or death to another person, I am required by law to disclose this information to the appropriate authority; (b) If a court of law issues a legitimate Court Order (signed by a Judge), I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; (d) If you are in therapy by order of a Court of

law, the results of the treatment ordered must be revealed to the Court; and (e) If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).

8. You have the right to know about the possible harmful results of therapy. In my years of psychotherapeutic service delivery and supervision, the only clear harm I have witnessed has resulted from clients' insistence on using medical insurance for psychotherapy. Harmful events included: denial of insurability when applying for medical and disability insurance due to DSM-IV-TR diagnosis (mental illness diagnosis, which are usually required for reimbursements under medical insurance); company (mis)control of information when claims are processed; loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about "mental illness," including driver's license applications, concealed weapon permits, and job application.

Part II: The Therapeutic Process

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values; that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits; however, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

Part III: Fees and Length of Therapy

1. Session times normally last between 45-50 minutes, with the exception of the initial evaluation which generally lasts approximately one hour.
2. If you are running late for your appointment, please call or text me. Your appointment spot will be held for a period of 15 minutes.
3. If you miss two sessions in a row or consistently cancel scheduled sessions, I will not be obligated to schedule future appointments and will give you referrals to other qualified professionals.

4. Missed appointments and Late cancellations (without 24 hours of advance notice): \$50.00 for holding an appointment slot. This is not a fee that your insurance company will cover.

4. For after hour emergencies, please go to your nearest emergency room, contact the Crisis Hotline at (808) 832-3100 or call 911.

5. Payment is due at the beginning of each session, and no balance will be carried. You are responsible for cooperating with your insurance company to support prompt payment if insurance is being used. If you are paying out-of-pocket, you agree to pay \$_____ for each session. Please make checks payable to Pacific Counseling Partners of Hawaii, LLC.

6. You understand that 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.

Clients(s): _____

Date: _____

