

# True-Self Counseling PLLC

## Consent for Treatment and Limits of Liability

### **Limits of Services and Assumption of Risks:**

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

### **Limits of Confidentiality:**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

#### **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

#### **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

#### **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

#### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

#### **Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

### **Insurance Coverage and Client Fee Responsibilities:**

In some circumstances, counseling may not be covered by your health insurance plan or may only pay for a limited amount of sessions. Under these circumstances, all fees remain the responsibility of the client. The full fee for a session is \$110. Please provide insurance information prior to your initial session along with a copy of your insurance card and inform the clinician if any changes occur.

**Legal Services:**

Court appearances are not a part of the therapy process and therefore, client's will be charged a rate of \$3,000 a day for the counselor to be available to the legal system. This includes testimony as a fact or expert witness, written or oral depositions, or any type of contact with an attorney.

*By signing below, I give consent to receive mental health treatment and to the above statements of fee responsibilities, legal services, and risks and limits of confidentiality and understand their meanings and ramifications.*

---

Client Signature (Client's Parent/Guardian if under 18)

---

Date