

INFORMED CONSENT
CLIENT SERVICES AGREEMENT

The following information is provided to acquaint you with the policies and procedures of my practice and to better assist you in your efforts towards personal growth.

I. Your Rights as a Client

(INITIALS)

- 1. You have the right to ask questions about any procedures used during therapy.
- 2. You have the right to decide at any time to not receive therapy from Karen Vedus. If you wish, she will provide you with the names of other qualified professionals who 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.

II. Confidentiality

(INITIALS)

- 1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission.
- 2. If clients enter into family therapy or couples therapy (relational therapy), confidentiality will be kept within the family. The relationship unit is considered the client. Karen Vedus is unable to keep secrets that may be harmful to the relationship. If someone wants her to keep a secret that can be harmful, treatment may be terminated. If someone needs to work through something prior to sharing the information, she will help the client move to a place where this can be shared. If the person cannot share the information, termination may be necessary and a referral may be provided. During the course of our work together, a smaller portion of the relational unit may be seen for one or more sessions. These sessions should be seen as part of the work we are doing together. If you as an individual are involved in any such sessions, please understand that any information that is disclosed in these sessions may need to be shared with the entire relational unit.
- 3. There are certain situations where Karen Vedus is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - a. If you threaten bodily harm or death to another person, Karen Vedus is required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If you threaten bodily harm or death to yourself, Karen Vedus will inform the appropriate law enforcement agencies and others (such as spouse, friend or an inpatient psychiatric institution) who can aid in prohibiting you from carrying out your threats.

c. If you reveal information related to the abuse or neglect of a child, dependent adult or elderly person, Karen Vedus is require by law to report this to the appropriate authorities.

4. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

(INITIALS)

III Couples Therapy

1.We understand that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners.

2.We agree not to subpoena the therapist to testify for or against either party or to provide records in a court action.

3.There will be times when the therapist may appear on either person's side but is really on the side of the marriage.

4.If the relationship breaks up and either or both of us wish to re-contract with the therapist for individual counseling, the decision with whom to work is at the discretion of the therapist. In some circumstances a referral will be made.

Phone calls and emails between sessions should be used for making appointments and emergencies only.

(INITIALS)

IV Appointments and Cancellations

Please read and sign Financial Agreement for more detailed information. Fees are based on the type of session. *If sessions go beyond the scheduled time, I agree to pay an extra \$25.*

Fees for Services

50 minute Individual Session.....	\$100
60 minute Couples Session.....	\$125
Intakes (75 minutes).....	\$150

Intakes can sometimes run over 75 minutes. If you prefer the session to end at 60-75 minutes, please inform Karen at the beginning of the session.

Payment in full is due at the time of the visit and balances cannot be carried over to the next session. *All appointments cancelled less than 48 hours from the scheduled appointment time will be billed at the full office visit fee. Monday appointments must be cancelled on the Friday prior to your appointment. No exceptions.*

Your signature below indicates that you have read the information in the Client Services Agreement and agree to abide by its terms during our professional relationship

Client address:

(Please include your full mailing address)

Available numbers where you can be reached:

cell #1 _____

cell#2 _____

Email Addresses

Print name

Signature and Date

Print name

Signature and Date

Therapist's Signature
