

## Informed Consent for Therapy

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.

\_\_\_\_\_  
(INITIALS)

### I. Your Rights as a Client

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.

\_\_\_\_\_  
(INITIALS)

### II. Confidentiality

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 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)

### IV. Therapy Services and Fees

1. Fees are based on the type of session. *If sessions go beyond the scheduled time, I agree to pay an extra \$25.*

50 to 55 minute Individual Session	\$100
55 to 60 minute Couple Session	\$125
Intake(60-90 minutes)	\$150

*Intakes are typically scheduled for 60 minutes, if you prefer to do a longer intake, please notify me before scheduling. Individual sessions are often done as part of couple and will be charges \$125.*

2. Payment (cash or check) in full is due at the time of the visit and balances cannot be carried over to the next session.
3. Receipts will be provided after every 4 sessions and can be submitted to insurance companies for reimbursement if you have out-of-network benefits. If you need a receipt before 4 sessions, please let Karen know and she will provide this to you as requested.
4. 48-hour notice is required for cancellation of a scheduled session, unless you are scheduled for an appointment on Monday, all cancellations for Monday appointments must be made the Friday before by 12pm. If I do not meet this requirement, I agree to pay the full session fee. I understand that this is solely my responsibility and I will not be able to submit this fee to my insurance company for reimbursement.
5. I understand 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.
6. Karen Veduc can be reached via phone message at (802)332-3007. It is preferred that you use the secure messaging portal through Simple Practice as it is completely confidential and will be more quickly responded to.
7. If information is to be released to a third party each member who participated in treatment will be required to consent to and sign a release of information.
8. Clients participating in couples/marriage therapy agree they will not seek to subpoena material for litigation against each other at any time

**Client address:** \_\_\_\_\_  
(Please include your full mailing address)

**Available numbers where you can be reached:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

By providing my email address, I hereby give Karen Veduc permission to communicate with me via email, including but not limited to sending receipts for therapy services.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Recommended Reading: Hold Me Tight®. Author: Sue Johnson*