General Consent to Treatment and Confidentiality

By signing this form I voluntarily consent to counseling for relevant treatment issues. I understand this process requires effort on my part, may require me to face difficult issues and/or challenges and may involve risk and discomfort. Treatment procedures may include the discussion and exploration of emotional issues, behavioral patterns, family and relational patterns, use of educational materials and homework assignments. I understand that I have the right to participate in the formulation of my treatment plan as well as periodic revisions and reviews. If I require information about my treatment records, I have the right to obtain copies of my records or a treatment summary. I understand that I can terminate this counseling relationship at any time and can accept or decline any recommended treatment (I may withdraw this consent to treatment and will then be advised of the consequences of such withdrawal). I also understand that the therapist may terminate the professional relationship when therapeutically necessary and other treatment options will be discussed at that time.

I understand that information discussed during sessions is confidential and cannot be disclosed without my consent unless:

- 1. It is determined I am a danger to myself or others.
- 2. I give my consent in writing.
- 3. Information is disclosed regarding child or elder abuse.
- 4. Disclosure is court ordered.

I understand that Laura Barnhart, LMFT, participates in case consultation and may discuss aspects of my counseling work, but will strive to keep identifying information about me/my work confidential.

My counseling fee will be \$100 for each 50 minute session and I agree to be responsible for that fee, due at the end of each session. No refunds are available for services rendered and Laura Barnhart, LMFT, has the right to use outside agencies for collection purposes.

Litigation considerations: If you become involved in the legal system (divorce, custody, civil litigation, criminal activity, etc.) you can expect that I will <u>not</u> make recommendations, testify or get otherwise involved in your legal activities. It is an inherent conflict of interest for a treating professional to also offer evaluations or opinions in legal matters. If a client has these expectations, it can affect their willingness to disclose personal information vital to treatment. If you need an evaluation for legal reasons, I will make a referral to an outside, unbiased professional who can perform this service. In signing this agreement, you agree that you will not call me as a witness to testify or to expect recommendations or other involvement in your legal activities.

I agree to be responsible for all fees, notice of cancellations and no-shows. A 24 hour notice of cancellation is required and I will be charged full fee for late cancellations and no-shows. My signature below indicates that I understand and will honor this policy.

Client Signature

Date

Laura Barnhart, LMFT

Date

Client Signature

Date