

# Riverstone Counseling Informed Consent

## Introduction

Before completing the intake form, please carefully read, complete and sign below. If you have any questions or concerns about this form, feel free to discuss this at the first session or by contacting me directly before signing. Bring the form in to your first session.

**Name of Client** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Confidentiality** - I understand that all information provided by me will be kept confidential and stored securely. I understand that only if I give permission, my sessions may be audio taped for note taking purposes alone. These recordings will be used only by my counselor and will not be part of clinical record keeping.

I understand that there are specific situations listed below when confidentiality cannot be maintained due to legal obligations. The proper persons will be informed in each of these cases.

These are:

- 1) When there is reasonable suspicion of sexual, physical or emotional abuse of a child or an elder.
- 2) When the life of the client is believed to be in danger
- 3) When the life of any other person is believed to be in danger
- 4) When legal proceedings require the surrender of information considered essential to the court.

**Sessions and Payment** - I understand that I am committing myself to attending booked sessions with my counselor. I understand that I am responsible to notify my counselor a minimum of 24 hours prior, if possible, regarding any appointment cancellations. Failure to do so will result in payment due for the missed session. Prompt rescheduling will result in the fee being reduced to \$30 for the missed session. I understand that the fee for services will be paid at the conclusion of each session unless prior arrangements have been made.

**Agreement** - I hereby indicate that I have read and understand the above statements and are in agreement with them. I have also taken the opportunity to discuss any concerns I have prior to signing this form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature