Serenity Point Counseling
312 Chestnut Street Suite 113
Meadville, PA 16335
Phone (814)795-4034
Fax (814) 724-7495

Restoring Hope, Health, and Serenity

Informed Consent Form

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 and any "cures" 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: Everything discussed in therapy sessions is kept confidential and no contents, whether verbal or written, may be shared with another party without your written consent or the written consent of your legal guardian, except as required by state or federal law and/or under the following conditions:

1. **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 threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.
2. **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.
3. **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.

Client Rights: In addition to the privacy of information rights listed above, I also understand I have the following rights:
1. the right to professional therapy
2. the right to refuse or to comply with the procedures suggested or prescribed by therapist.

Fees for services are $50.00 per hour. I generally work in 50-minute sessions, unless otherwise negotiated. Payment is required at the end of each session. Checks should be made payable to: Serenity Point Counseling. I do accept most insurances as well and will require a copy your insurance card and authorization. If you need to cancel your appointment please call within 24 hours. You may leave a voice message at (814) 795-4034. You will be charged $30 for sessions that you fail to attend without having provided appropriate (24 hour) notice. I will extend the same courtesy to you – should I need to cancel with less than a 24 hour notification, your next session will be provided free of charge.

You are responsible for keeping yourself safe throughout the course of our work together. If you are feeling like hurting yourself or someone else—tell me—I will help you find the resources you need. In the event you are feeling suicidal or homicidal, contact me at 814-795-4034. If I am unavailable, call the 24-hour Mobile Crisis Line at **814-724-2732**, call 911, or report directly to the emergency room of the nearest hospital to seek help.

If you have any questions about these policies I will be happy to discuss them with you.
With your signature below, you affirm that you understand the above assumption of risk and limits of confidentiality and all office policies and that you agree to abide by all conditions stated above.

_____ _____
Client Printed Name/Signature Date

If the client is a minor, list the name of the minor child: _____

I declare that I am the legal guardian of the above-named child and grant permission for his/her treatment.

Print Name: _____ Signature/Date: _____