



Balanced Healing, LLC.

Consent for Treatment and Limits of Liability

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:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

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.

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.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the other of the child.

Minors/Guardianship

Parents of legal guardians of non-emancipated minor clients have the right to access the client's records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to 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.

Appointments

Individual sessions are usually scheduled for 50 minutes. Clients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. If you miss 3 consecutive appointments your therapy will be discontinued until you are able to commit to a time that works for your schedule.

Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations outlined in the confidentiality section above.

Payments

Payment is due 24 hours prior to session unless other arrangements have been made.

Cancellations and Missed Appointments

If you are unable to attend an appointment, we request that you provide at least 24 hours in advance notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not cancelled within the 24-hour period, unless such cancellation is due to an unforeseen emergency/illness or natural disaster.

Contacting Us and What to Do in a Crisis

We may not be available immediately by telephone because we are often in session with clients. Messages left for the will usually be returned in 24 hours. Please feel free to leave a confidential message for your psychotherapist by voicemail. In case of a crisis during evenings or weekends, please dial 911, or go to the local emergency room, as we do not monitor evening and weekend calls. Your psychotherapist may request that you call them directly on their cell number for occasional crisis assistance. However, we are not staffed for crisis management and will generally not be able to assist you on an immediate basis.

Consent for Treatment

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Client Signature

Date