

INFORMED CONSENT

I consent to treatment or give my consent for the treatment of _____ under my legal guardianship and agree to abide by the stated policies below at the office of **Kyoung-Hi Dickson, LMFT**. The rights, risks and benefits associated with the treatment have been explained to me.

Payments:

- **Session Fee:** \$150 for first session, \$130 for couple/family session and \$120 for individual sessions. I agree to pay \$_____ per session which is my portion of the fee, payable at the beginning of each session. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information.
- **Returned Checks:** I understand that I am responsible for any returned check fees as well as bank fees.
- **Reports, Letters or Third Party Client Requested Communication:** Any written or other form of communication by Kyoung-Hi Dickson, LMFT with a designated third party at the request of the client will be charged at the pro-rated rate of \$100/hour.
- **24-Hour Cancellation Policy:** If you cancel a scheduled appointment without a 24-hour notice, we cannot use this time for another client and you will be billed **\$60 for your missed appointment**. Payment has to be made before or at the next appointment. Exception is a sudden illness or an emergency.

Therapy may be Discontinued Non-Voluntarily: I understand that therapy may be discontinued at any time by either party. Therapy services may be discontinued non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the office of Kyoung-Hi Dickson and/or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of discontinued services by letter.

Client Notice of Confidentiality: The confidentiality of patient records maintained by is protected by Federal and/or State law and regulations. Kyoung-Hi Dickson may not disclose to a third party that a patient attends treatment or disclose any information identifying a patient as an alcohol or drug abuser unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a client either at the office of Kyoung-Hi Dickson, LMFT or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child (or vulnerable adult/elder) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. It is duty for the therapist to warn any potential victim, when a significant threat of harm has been made. Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. In addition, parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

Signature of Client/Legal Guardian

(If client is under 18 years of age, a legally responsible adult acting on his/her behalf)

Date _____