

Consent for Treatment

Please read carefully

Psychotherapy is a working cooperative relationship between you and your counselor. Each member of this cooperative relationship has certain responsibilities. Your counselor will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

I. Fees and Appointments

1. Appointments are 50 minutes in length, and are **\$125 per session**.
2. There is a **\$30.00** service fee for any returned checks. If determined that therapy will continue, you must agree in writing to a specific payment plan to reduce your overdue balance to zero, while continuing to pay the weekly agreed upon fee.

II. Confidentiality

1. Communication between you and your counselor is confidential. This means that your counselor will not discuss your case orally or in writing without your expressed written permission.
2. Your counselor has an ethical and legal obligation to break confidentiality under the following circumstances:
 - a. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
 - b. If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
 - c. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media or exchanges, a film, photograph, video in which a child is engaged in an act of obscene sexual conduct.
 - d. If you introduce your emotional condition into a legal proceeding.
 - e. If there is a court order for release of your records.

Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission to Dr. Kelly Bushéy to provide counseling services and that this contract is binding for all future sessions you may have with this entity.

Print Name: _____

Date: _____

Signature of Client #1: _____

Print Name: _____

Date: _____

Signature of Client #2: _____