

INFORMED CONSENT AND THERAPY AGREEMENT

I, the patient, understand I have the right not to sign this form. My signature below indicates I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time in writing, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points concerning therapy with Blair Danz. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Individual

Print _____ Signature _____ Date: _____

Couples & Family Therapy

If you are seeing me for couple or family therapy, I consider your relationship to be the client and confidentiality and privilege does not apply between the couple or among family members. During the course of our work, I may see one of you individually for one or more sessions or for part of a session. These sessions should be seen as part of the work that I am doing with the couple or family unless otherwise indicated. I will use clinical judgment when revealing such information. I will encourage the person(s) to reveal the information to the other member(s). I will provide support for that person(s) in finding ways to disclose the information. If you reveal to me a "secret" that you refuse to disclose to the others and that puts me, by my knowing the "secret", in a position of hurting my genuine relationship with others in the couple/family, therapy will be terminated. I will not release records to any outside party unless so authorized to do so, in writing, by every member of the couple or family in treatment able to execute a waiver

Print _____ Signature _____ Date: _____

Print _____ Signature _____ Date: _____

Print _____ Signature _____ Date: _____

I, the psychotherapist, have met with this patient for a suitable period, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the patient, as shown by my signature here: _____ Date: _____

Legal Guardian Consent

If the client is a minor or has been found legally incompetent, the legal guardian must sign the statement below:
I affirm that I am the legal guardian of _____.

With an understanding of the above requirements, I do grant permission for participation in psychotherapy, play or sandtray therapy and release the psychotherapy from liability. I have supplied an official copy of my divorce decree and last modification concerning the above minor child.

Guardian's Signature Date

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information.

_____ I acknowledge that I read or had explained to me Blair Danz's HIPAA.

_____ I acknowledge that I was given an opportunity to review and to ask questions about Blair Danz's HIPAA.

_____ I requested and was given a copy of the HIPAA.

The reason that a standard acknowledgement of the receipt of the Notice of Privacy Practices was not obtained:

_____ Patient refused to sign; _____ Communication barriers prohibited obtaining the acknowledgement;

_____ An emergency situation prevented this office from obtaining it; _____ Other: _____