**Robert Jensen, PLLC**

MHP, Licensed Mental Health Counselor

**Consent to Treatment**

You have decided to embark on a powerful journey known as psychotherapy, a decision of strength and courage. Know that we consider the psychotherapeutic relationship to be one of sacred trust. This letter serves to inform you about the therapeutic process, give you some information and answer questions about the professional relationship between therapist and clients.

Psychotherapy cannot insure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is our experience as therapists that most people can gain some value from the therapeutic process. Know that as we journey together new, often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to psychotherapy. These include, but are not limited to, medications, support groups and complimentary modalities. I will be happy to discuss any alternatives you want to consider at any time.

We have a number of client expectations about the professional relationship we embark on with each client. We expect you to keep your appointments. Please remember that someone else may want this time. Please give our other clients, their obligations, relations and your therapist the courtesy of a 24 hour notice if you must cancel an appointment; otherwise, you will be charged for this time. We always consider broken appointments individually and understand that emergencies do arise. Insurance will not pay for broken appointments.

Our current fee is $100 per session. We do not have a sliding scale but we do offer several solutions to assist with financial hardship including scholarships for reduced fee. Payment for your session is due at the time of service. We accept cash, personal checks, Visa, Master Card, and Discover Card cards. We do not currently work with any insurance companies though we are in process of beginning those relationships. You will be informed when this changes. You are responsible for paying the fees for your service at the time they are rendered. There are no exceptions. Some insurance plans will reimburse you for costs of working with an out of network provider but you are responsible for making those arrangements. At your request we will provide you with a superbill and assist you in filling out needed paperwork. Payment arrangements are discussed during your initial session.

Sessions are 50 minutes in length. Our therapist take a few minutes of an hour between clients to relax, let go of the last session, complete needed session notes as required by law, and prepare for the next session. Longer sessions can be arranged at an additional cost. Our session times generally begin on the hour. We may be able to arrange after hours appointments but they require advanced notice and special arrangements with your therapist. We are in the office Monday, Thursday, and Friday. Tuesday and Wednesday are reserved for outreach appointments for clients who are unable to come into the office (done on special agreement between therapist and client) You may reach us via telephone/voicemail during regular office hours. As our therapists are in session most of the day, they do often check voice mail and return messages several times a day. If your call is non-urgent, we will respond as soon as possible. Calls left for me after 5 PM will be returned the following business day at the earliest.

If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local emergency department.

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in one of our offices, unless special arrangements have been made in advance. If you should encounter your therapist outside of the office, the therapist will speak with you only if you initiate the contact; this allows you to maintain the privacy of your psychotherapeutic relationship. Please do not invite your therapist to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask them to relate to you in any way other than the professional context of our therapy sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good psychotherapeutic relationship.

Your sessions should focus on your concerns exclusively. You will learn a great deal about your therapist the longer you work together; our therapist may occasionally share experiences and struggles with some regularity as models for clients. Nonetheless, you will still be experiencing the therapist in a professional role solely. Our therapist will keep confidential anything you say with the following exceptions: a) you direct the therapist to speak about you with someone, b) The therapist determines that you are a danger to yourself or others, or c) there is evidence of child or elder abuse. In the event of the latter two exceptions, the therapist will contact family, friends, DFCS and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

Our therapists attend peer consultation with colleagues biweekly. They may discuss the work occurring in your session in these sessions while maintaining your anonymity.

Our therapists use an eclectic approach to therapy, meaning that they utilize a variety of therapeutic models. Our therapist work diligently to use what is most helpful for each individual rather than take any one approach exclusively. We hope this information is helpful to you. If at any time during your relationship your therapist, you have any questions please feel free to ask.

I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

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**Signature of Client (or person acting for client) Date**

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**Relationship to Client**

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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**Signature of Therapist Date**

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_