Peony Counseling

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 (License # 50711)

718 W. Arapaho Road, #100

Richardson, Texas 75080

**Consent for Treatment and Disclosure Statement Confidentiality**

 With the exception of a few limited circumstances, you have the absolute right to confidentiality of your therapy. I cannot and will not disclose to anyone what we discuss in therapy or in outside phone contacts, or even that you are in therapy, without your express written permission. The following are the exceptions to your right to confidentiality.

 1. If I have good reason to believe you will harm another person, I am obligated to contact the local police.

 2. If I have good reason to believe you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Children’s Protective Services or Adult Protective Services.

 3. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality in order to call the police or local crisis team. I would explore all other options with you before I took this step. If you were unable to take steps to guarantee your safety, I would have to take steps to insure your safety.

**Your Rights as a Client**

 1. You are entitled to information about my methods of therapy, techniques I use, and the duration of therapy (if it can be determined) as well as my fees. Please feel free to ask if you would like to receive this information or have additional questions.

 2. You are entitled to terminate therapy at any time. 3. You are entitled to confidentiality (see description above).

**Your Responsibilities as a Client**

1. You are responsible for arriving at the time we have scheduled.

 2. If you need to cancel a session, please allow 24 hours notice. Full fees will be charged for missed appointments without 24-hour notice.

3. You are responsible for on-time payment for services. Payment by cash, credit or personal check is expected at the time of the appointment. Returned checks that are not honored by your bank will incur a returned check fee of $40.

4.Insurance: If you choose to use your insurance benefits, you agree to assign payment from your health plan to Peony Counseling and to update Peony Counseling with your current insurance information at all times, letting us know if there is a change in your insurance. We will bill your insurance plan if you are on Medicare or BC/BS. However, you are responsible for deductibles, copays and payments not covered by your provider at each visit.

If you choose to use your insurance, with Peony Counseling not being a participating provider, you understand that you are responsible for contact with your insurance such as authorization, claim submission and follow-up for reimbursement. Peony Counseling with provide you with a receipt for you to submit (upon request), however, you will be responsible for the full fee at the time of service. If your insurance denies payment for any reason you are responsible for payment.

5. Please note for any letters, paperwork or copies requested there will be additional fees, beginning at $25, depending on the amount of time it takes to complete the request. I do not typically provide court testimony. If I am mandated to, my feel will be $1200 per day, to be paid in advance.

 **Contact Information and Emergencies**

 If you need to contact me regarding appointments, cancellations, or any other non-emergency matter please call 214-810-1836. This is a confidential voicemail and will be checked only be me once or twice a day. I will typically return calls within 24-48 hours, although it may take longer during a weekend. If you are having a psychiatric emergency please call 911 or go to your nearest emergency room.

 **I have read the preceding information and understand my rights and responsibilities as a client. I accept the conditions of psychotherapy.**

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