

**THERAPY INFORMATION DISCLOSURE STATEMENT/INFORMED CONSENT AND
AUTHORIZATION FOR TREATMENT**

Welcome! In order to best serve you, please review the following. Acknowledge your understanding and acceptance by initialing in the spaces provided after each section and your signature at the end of this document. Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person.

My Responsibilities to You as Your Therapist

I. Confidentiality

You have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I may consult about your case with other professionals but will always take care to keep your name and other identifying information confidential. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time in writing. You may request anyone you wish to attend a therapy session with you in advance. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. _____

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that 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 Child Protective Services within 24 hours and Adult Protective Services immediately.
3. If I believe that there is a significant likelihood that you may harm yourself in the foreseeable future, I may legally break confidentiality and call the police or the county crisis team. I will attempt to explore all other options with you before I take this step. If at any point you are unwilling or unable to take steps to guarantee your safety, I will call the crisis team or direct you to present to your nearest Emergency Room. _____

II. Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. Per HIPPA, you have the right to a copy of your file at any time (you may be charged a nominal fee for this). You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location. In the event of my death or long-term unexpected disability a Custodian of Records will access your file to contact you. _____

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-V*; I have a copy in my office and will be glad to let you review it (while in my office) and learn more about what it says about your diagnosis. _____

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your

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concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time. _____

Potential Risks

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions.

1. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract.
2. If I am not, in my judgment, able to help you, because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.
3. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

You may contact me via the phone during the week if needed. **Do not use text, email or social media for crisis communication.** However, I may not be available to speak with you when you call. I will make every effort to respond to messages within one business day. If you are in crisis or an emergency please contact your local crisis line, call 911 or go directly to the emergency room closest to you. I will tell you well in advance of any anticipated lengthy absences, such as travel to conferences or vacation. _____

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45-55 minutes, depending on our scheduled appointment time. If you are late, we will end on time and not run over into the next person's session. If you need to cancel, you must do so at least 24 hours (not just the day before) in advance in order to avoid a late cancellation fee outlined on the Policies Form.

You are responsible for your change process in therapy. What happens in therapy is only as powerful as what you take and practice outside the room. I am here to support you in creating the change you want.

You are responsible for following the Financial Policies. _____

Complaints

If you're unhappy with your therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such feedback seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Virginia Department of Health Professions (800 533-1560). _____

Client Consent to Therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Camille Adams, MA, LPC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Camille Adams. I am over the age of eighteen.

Signed: _____ Date: _____

Witness: _____ Date: _____