

### Client Rights

The decision to start therapy can be exciting and/or cause a bit of apprehension. One frequent concern regards confidentiality. All information and records are kept strictly confidential, as is your right. There are some legal exceptions to confidentiality when information may be released without your authorization or consent. Primary exceptions are if a client presents or discloses intent to harm themselves or has plans to harm another person, when there is disclosure of harm or threat to a minor child, if elder abuse is suspected, or when prenatal exposure to harmful drugs is disclosed. Therapists are required to report these issues to the proper authorities or state agencies.

You have the right to review or have your records sent to another provider. If you wish to have your records sent to another provider, you will need to supply written authorization.

Therapy can be very beneficial however there are times when the process and discussion of unpleasant topics can become uncomfortable. You have the right to choose NOT to receive therapy from me and to terminate therapy with me at any time with no further obligations than those you have already incurred. I encourage you to discuss any thoughts, feelings, or plans you have to end therapy so that appropriate closure can be accomplished.

You have the right to ask questions about any methods, techniques or procedures used in the course of therapy.. Please ask if you have any questions regarding the therapeutic process.

### Practice Policies

**Appointment scheduling:** It is suggested that you schedule a regular day and time for our sessions together to ensure that there is a space for you.

**Telehealth Appointments:** Telehealth is a form of video conferencing allowing therapists to provide services to clients outside of the office. i.e. telephone or electronic platform. I use Skype or Zoom for these appointments and in some circumstances, I may also be able to conduct your therapy session over the telephone. This must be pre-arranged and discussed on an individual basis. \_\_\_\_\_(Initial)

**Cancellation:** Your appointment time is reserved *exclusively* for you. If you need to cancel, please do so **with a minimum of 24 hours in advance or you will be charged full fee for the missed appointment.** \_\_\_\_\_ (Initial)

**Emergency Access:** In the event of a life-threatening emergency, please **call 911 or go to your local hospital immediately.**

**Non-emergency or urgent access:** I am available on a very limited basis after hours to handle urgent but non-emergency matters. You may call the number listed above with a very brief and specific summary and I will attempt to get back to you as soon as possible, but no later than 24 hours from the time of the call.

**Referrals:** I am connected with various other professionals in the area and will provide referrals for you if it is appropriate, however, I do not make any guarantees or accept any liability regarding other professionals I may refer you to.

**Consent for Treatment and Financial Agreement:**

1. I agree to voluntarily enter into therapy with LeAnne Pleasant, LCSW and I have read and understand my rights and agree to the practice policies.
2. I agree to pay \$150.00 for each 45 to 50 minute clinical hour of individual therapy or \$180.00 for each 60 to 70 minute clinical hour of couples therapy.
3. Any insurance accepted may not cover the full fee depending on time spent and services provided. I understand and agree that I am responsible for payment before or at the time of service. In the event billing efforts fail, delinquent accounts may be subject to collections. Every effort will be made to develop a payment plan with any client legitimately struggling to pay a past due bill.
4. I understand that LeAnne Pleasant, LCSW does not accept clients with cases that will require interaction with any court of law or other legal authority. If any other type of report, letter, or consultation is requested, I understand that I will be charged for any time needed to prepare documentation, or to conduct an in-person or phone consultation.
5. I understand and agree that, while the course of my treatment is designed to be helpful, no guarantees can be made about the outcome or success of my treatment.
6. I understand that LeAnne Pleasant, LCSW is a sole practitioner and is not affiliated with any other therapist working in the suite at this address.

By signing below, you acknowledge and accept all of the above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_