

Informed Consent – Parenting Consultation/Family Counseling

Hello! Welcome to my office. The purpose of this document is to outline my basic approach to serving you; what you can expect from me, and in turn, what is expected of my clients.

PURPOSE

The goal of our work will be to alleviate the challenges that are getting in the way of creating the family life that you desire. My approach, based on both empirical research as well as personal clinical experience is to understand what the difficulties are, how each member of the family is affected and what is getting in the way of doing things differently. No individual is *the* problem. We are each doing our best with what we know and yet, most frustratingly, it is not working. Your job is to give me a window in to your experience. My job is to uncover what is happening beneath the surface and figure out how this leads you to a familiar, yet, painful place. Finally, and most importantly, I lead the corrective healing process and create a safe environment where real change can happen in and out of session.

APPOINTMENTS

Appointments will ordinarily be **50 minutes** in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a **notice of 48 business hours. If you miss a session without canceling, or cancel without giving me a 48 hour notice, I charge my standard fee. Cancellations within the first half of the fee period (48-24 hours) are charged at half. Cancellations made within 24 hours of the appointment are charged at full fee.** I will then try to find another time to reschedule the appointment.

In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, e-mail or telephone conversations, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me.



Professional Fees

The standard fee for a session is \$225.00 and sessions are 50 minutes long. There are a number of ways to process payment including cash, check and credit card. **If a credit card is used a 3.5% processing fee will be added. Regardless, of form of payment, when booking a session, you will be asked to put a credit card on file to reserve the appointment.** You can then choose to use that as a form of payment or cash/check at end of our session together. All payments are made prior to or immediately following session.

We agree to Rabbi Bloom's policy of charging us at his standard fee of \$225 if we fail to cancel within 48 business hours of the appointment.

LEGAL PROCEEDINGS

The information discussed in therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners and/or family. By signing below **you agree not to subpoena Rabbi Bloom to testify for or against either party or to provide records in a court action of any kind.**

CONFIDENTIALITY

Policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled **Notice of Privacy Practices**. You have been provided with a copy of that document. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. **Texting is not a confidential form of communication and is to be used only for the sake of setting up and/or changing appointments.** If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe:

Go to your Local Hospital Emergency Room or call 911 and ask to speak to the mental health worker on call.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you speak with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

CONSENT TO TREATMENT

Your signature(s) below indicate(s) that you have read and accept this agreement.

Printed name of client _____

Signature of client _____

Date _____

Printed name of client _____

Signature of client _____

Date _____

Printed name of client _____

Signature of client _____

Date _____



Printed name of client _____

Signature of client _____

Date _____