

# CLARITY COUNSELING CENTER

Abbe Barclay, M.S.W.

## CLIENT INFORMED CONSENT

- I have chosen to receive outpatient psychotherapy services through Clarity Counseling Center. My choice is voluntary and I understand that I may terminate therapy at any time.
- I understand that successful psychotherapy is a cooperative effort between myself and my therapist. I will work with my therapist in a cooperative manner to resolve my difficulties.
- I understand that during the course of my psychotherapy, material may be discussed which will be upsetting in nature and that this may be necessary to help resolve my problems.
- I understand that confidentiality of records and information collected about me will be held or released in accordance with state or federal laws regarding confidentiality of such records and information.
- I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others.
- I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or the elderly and **suspected** abuse or neglect of minors or the elderly.
- I understand the basic rights of individuals who undergo treatment through Clarity Counseling Center. These rights include:
  1. The right to be informed of the various steps and activities involved in receiving services.
  2. The right to confidentiality under federal and state laws relating to the receipt of services.
  3. The right to humane care and protection from harm, abuse or neglect.
  4. The right to make an informed decision whether to accept or refuse treatment.
- I understand it is my responsibility to keep my appointments and be in time. I understand that I will be billed for a full session if I am late, and that I will be billed for a full session if I cancel an appointment with less than 48 hours notice, and if I fail to show for a scheduled appointment.
- I understand that Clarity Counseling Center does not accept insurance assignments, and that psychotherapy fees are due when services are rendered, unless other arrangements are made. Payment may be made by cash, check, MasterCard or Visa.
- Please be aware that contact with Abbe Barclay, MSW through email may sometimes occur for scheduling purposes. Abbe Barclay does not use email for therapy or emergency services.

I have read and understand the above, and have received a copy of Client Orientation and Information.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

