

Jennifer Sugg, M.Ed, LPC/Mill Springs Counseling, PLLC

Informed Consent to Treat and Professional Disclosure

Consent

I hereby give my consent for me (or my child) to receive mental health counseling services from Jennifer Sugg, M.Ed., LPC/Mill Springs Counseling, PLLC. I understand I am free to terminate at any time.

Confidentiality

Mental health providers are licensed by state agencies and bound by a professional code of ethics to keep your information confidential. There are exceptions to these principles that you should understand prior to entering into a therapeutic relationship. A duty to warn is ethically and legally adhered to should circumstances warrant. In the event of an emergency, 911 should be called or proceed to a hospital emergency room.

1. Cases of suspected abuse, must be reported to the appropriate authorities.
2. Imminent danger to self or others.
3. In some cases, records may be subpoenaed by a judge in custody or litigation.
4. If client is a minor and engages in behaviors that are seriously threatening to their health, this information may be shared with guardian. The therapist will try to inform the client of any decision to divulge this information before the disclosure.
5. To allow any other communication, a written release of information (ROI) must be completed and signed by client or guardian if client is a minor.
6. Only the custodial or joint custodian can consent to treatment of minors.

Most questions and concerns will be addressed in session. Should therapist and client run into each other outside of the therapeutic setting, I will not approach or acknowledge you. If you approach me I will speak to you but not engage in lengthy conversation or spend time socially to maintain your confidentiality and avoid dual relationships.

I have read the Informed Consent rights

Printed Client Name & Signature

Date

I have read the Informed Consent rights

Guardian Signature if client is a minor
Address _____

Date
Phone # _____

If client is 18 or older: I _____ understand and acknowledge that my parents and/or guardians will no longer be permitted access to my records, information, or appointment status without my specific written permission. *Jennifer Sugg/Mill Springs Counseling, PLLC* will not speak with my parents, permit my parents to schedule appointments, or release medical information to my parents without my written consent in accordance with this document. **I DO NOT or I DO grant any access to my parents and/or guardians.** (circle one)

Financial Agreement

I agree to pay in full for all services received. I agree to provide notice of cancellations within 24 hours prior to my appointment. If I fail to provide this notice, I will be charged the full fee with the exception of agreed upon emergencies. Payment is secured via cash, check, or with HIPAA compliant IVY Pay for electronic payment methods- HSA, FSA, credit or debit cards. Bartering and gifts are not ethically allowed as payment for services.

Responsible Payor Signature

Date