

Annie Heartfield Hartzog, MS, LPC

Introduction, Confidentiality and Exceptions

I'm a Licensed Professional Counselor with a Master's in Community Counseling from Oklahoma State University, 2004. My primary style of counseling is generally called Cognitive Behavioral Therapy. You have a right to privacy regarding what we discuss. With few exceptions, information about you will be strictly confidential and will be released only if you give permission. Please read this document carefully and sign below indicating that you understand what you have read, and that you agree.

Due to legal and ethical restrictions, the only exceptions to strict confidentiality are:

1. If I am concerned that you are in serious danger of harming yourself.
2. If I am concerned that you are in serious danger of harming others.
3. If you tell me about abuse or neglect of a child.
4. If you tell me about abuse or neglect of an incapacitated adult.
5. If court-ordered, certain information may have to be released.
6. If you give written permission to release information.
7. If a medical emergency occurs while you are with me.

Informed Consent

Working with me can carry certain benefits, risks and limits, such as:

BENEFITS: Thoughts, emotions and actions which have interfered with your personal functioning or your relationships may be resolved or lessened. You may experience greater satisfaction from your daily life and interactions. This may lead to greater maturity and growth as a person. You also might learn to kick ass and take names. (Just checking to see if you are really reading this :-)

RISK: Working with me may arouse unpleasant feelings.

MEDICAL LIMITS: It is outside my scope of practice to work with people in serious crisis or who may require inpatient treatment. For crisis or emergency, please call 911 or other appropriate emergency services such as COPEs (mental health), at 918-744-4800.

CONSULTATION: While information will not be released without your permission, my colleagues and I sometimes confer. Each professional is bound by confidentiality according to ethical codes such as those of the American Counseling Association (ACA) and others.

TERMINATION/REFERRAL: Should it appear that my services may not be appropriate, I will provide referrals and terminate services.

FEES/SCHEDULING: I do not accept insurance as payment. Fees are \$100 per individual session and \$150 for couples, families and groups. If you wish to cancel or change an appointment, please do so at least 24 hours in advance of our reserved time or the full fee may be assessed for the session, except in cases of emergency.

I certify that I understand the contents of this document, and I give my consent for services as described:

Name _____

Signature: _____

Date: _____