

## **Barbara Murray LCSW LLC**

Monument, Colorado 80132

(719) 671-2871

[www.BarbaraCMurray.com](http://www.BarbaraCMurray.com)

[www.TakingBackParenting.com](http://www.TakingBackParenting.com)

### **Informed Consent Disclosure**

Welcome to my practice. This document contains important information about my professional services and business policies. Your goals are more likely to be met when you understand the nature and limitations of therapy. When you sign this document, it will represent an agreement between us.

#### **Mental Health Services**

Mental health therapy is not easily described in general statements. It varies depending on the personalities of the mental health therapist and the client, and the particular issues and dynamics that are presented. Mental health therapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on the things we talk about both during our sessions and at home. You determine the nature and amount of change you wish to make.

Mental health therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life and can open up new levels of awareness, you may experience some discomfort. On the other hand, mental health therapy has also been shown to have benefits for people who actively participate in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

#### **Length of Therapy**

I offer a short-term therapy focus. This usually means fewer than 12 sessions. If it appears your situation requires more than 12 sessions, I will discuss with you your options, such as continuing therapy for an extended time or a referral to a program that can accommodate your needs more effectively.

#### **Confidentiality**

In general the law protects the privacy of all communications between a client and a mental health therapist, and I can only release information about our work to others with your written permission.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or neglected, or that you may be in danger of harming yourself or others, I must file a report with the appropriate state agency. If any of these situations occurs, I will make every effort to discuss it fully with you before taking any action.

### **Payment for Services**

The fee for an initial 50-minute assessment is \$150.00. The fee for a 50-minute therapy session is \$150.00. Additional time, including report writing, telephone conversations lasting longer than 10 minutes, communication with other professionals you have authorized, and the time spent performing any other service you may request of me will be charged at a \$150.00/hour rate. I will break down the hourly cost if I work for periods of less than one hour.

Clients are responsible for payment of services at the end of each session, unless we agree otherwise. You may pay your fee with cash, check or through PayPal. Please be aware that I am not able to schedule further appointments for any client with an outstanding balance that is more than 60 days past due.

### **Cancellation of Appointments**

If you need to change or cancel an appointment, please notify me at least **24 hours** in advance. You will be personally charged one-half the fee for late cancellations or not showing for an appointment, except in emergency situations.

### **Contacting Me**

I am often not immediately available by telephone. When I am unavailable, you may leave a confidential voice mail message and I will make every effort to return your call within 24 hours, with exception of weekends and holidays. **If you are in need of emergency services, please call 911 or go to your nearest Emergency Room.**

### **Teletherapy**

I have found it helpful (and more comfortable) for clients to prop their electronic device on something so they do not have to hold it while in teletherapy. Please make sure you are in a private place for teletherapy to maintain confidentiality.

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755 Hwy 105, Suite 2H  
Palmer Lake, Colorado 80133  
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**Receipt and Acknowledgment of Informed Consent Disclosure**

I/We have read the Informed Consent Disclosure of Barbara Murray LCSW LLC. I/We understand that I/we am/are encouraged to ask questions, and give input regarding the therapy process at anytime. If there is anything in this form that I/we do not understand, it is my/our responsibility to seek clarification.

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Signature

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Date

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Print name

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name