

# Informed Consent Form

***Victoria Balenger, PhD, Licensed Psychologist  
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301-633-8774***

***MD License 03863***

***VA License 0801-002414***

Clients generally have the right to:

- \* Have relevant knowledge of Dr. Balenger’s training and experience.
- \* Discuss the nature of treatment, including its extent, possible side effects, and possible alternatives to counseling/psychotherapy (hereafter referred to as “therapy”).
- \* Be fully informed about the terms of therapy such as its cost, billing arrangements, appointment times and policy for missed sessions.
- \* Be notified in writing about protections under HIPAA.
- \* Discontinue therapy at any time or refuse to participate. If the client decides to do this, it is requested that their plans be discussed with Dr. Balenger before action is taken.
- \* Have the communications and resulting information disclosed in therapy kept confidential. In general, Dr. Balenger will release information to other qualified professionals only with the written permission of clients. However, clients should recognize that the law mandates certain information to be released to appropriate authorities when:
  - 1) there are suspicions of child abuse or neglect (or, in some cases, suspected abuse/neglect of an elderly or disabled adult)
  - 2) there are indications that the client might seriously harm themselves or another person;
  - 3) in rare cases where a court order for information about one’s counseling is issued.

In addition, parents may have the right to receive certain information about the treatment of clients who are under 18 years of age.

Dr. Balenger will take all reasonable steps to discuss any possible release of confidential information with the client before any action is taken.

*I have read the above and fully understand: the nature of the treatment; my treatment alternatives; limits of confidentiality in the counseling/psychotherapy relationship; and the circumstances under which confidentiality could possibly be breached without my written consent. In addition, I have received the HIPAA Notice Form.*

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date