

Belinda Crosier, LPC, LADC
11901 N. MacArthur Blvd – Suite D8 Oklahoma City, OK 73162
(405) 203-9551 belindacrosier.com

INFORMED CONSENT

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions you may have before signing it. It is your right to have complete explanations for anything related to the topics covered herein. Even if it is uncomfortable for you to ask, your openness and honesty will allow me to better serve you.

CONFIDENTIALITY: Client records and communications between client and therapist are privileged and confidential, with such information limited to persons actively engaged in treatment of the client. Everything you say in each counseling session and the notes I write are confidential and cannot be shared by me with anyone, without your written permission, except where required by law. Those exceptions include: 1) information about the abuse of a child, dependent or elder adult; 2) any expressed intent to hurt yourself; 3) any expressed intent to harm someone else; or 4) on the order of a court of competent jurisdiction. In instances of potential harm to you or someone else, I may contact the emergency contact person you list on your intake form. **Initial** _____

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential health information may be required by your insurance company or other third-party payer in order to process the claims for your services. Only the minimum information necessary will be shared with your carrier. **Initial** _____

ACCESS TO RECORDS: I am required by law to keep treatment records for a minimum of 6 years. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency situations, or when I feel that disclosing such information could be harmful in any way. Upon your written request, I will release a summary of treatment to any entity you specify, unless I believe such disclosure could be harmful in any way. When more than one person is involved in treatment, as in the case of couples and families, requested information will be released only with written authorization from all adults involved in the treatment. **Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law the prohibits access to it.** **Initial** _____

EMERGENCY CONTACT: In the case of an emergency, or any situation in which you believe your safety is threatened, please call 911 or go to your nearest emergency room. **Initial** _____

AFTER-HOURS AND ALTERNATE ACCESS: You may contact me between sessions at 405-203-9551. Please leave a message and your call will be returned within 24 hours. If you choose, you may contact me via email. While email from my office is assured to be encrypted and secure, understand the inherent risks associated with transmitting personal information via e-mail. If you feel you have an emergency, please call 911 or go to the nearest emergency room as instructed under 'Emergency Contact.' **Initial** _____

THE PROCESS OF THERAPY AND POTENTIAL RISKS: Psychotherapy is an ongoing process in which we will discuss various issues, events, experiences and memories with the goal of creating positive change so that you can experience your life more fully. It is a joint effort between the two of us. Many people experience reduced stress and anxiety, decreased depression, negative thoughts and self-sabotaging behavior, improved relationships,

increased capacity for intimacy and increased self-confidence. While we expect therapy to be helpful, I cannot offer a guarantee that you will achieve the results you seek. Progress and success may vary, depending upon the particular problems being addressed, as well as other factors. Due to the varying nature of and severity of problems and the individual nature of each client, I am unable to predict the length of your therapy or a specific outcome. Discussing painful topics is often a necessary part of therapy and you may actually feel worse before you feel better. My job is not to always agree with you, and there may be times when I challenge what you think or do, only with the intent of helping you achieve your goals. Keep in mind that progress can be slow or irregular and may require patience on both our parts! Being honest and open will increase the likelihood that you attain what you wish from counseling. You have the right to question any treatment modalities used or homework I may assign. I do not prescribe medications, but may discuss with you possible referral to a physician if we feel medication might be an option to explore. **Initial** _____

INTERNET SEARCHES & SOCIAL NETWORKS: In an effort to protect your confidentiality, I do not communicate or interact with clients or former clients on any social networking site such as Facebook, etc. I might occasionally conduct an internet search on a client or potential client. If you have concerns, objections or questions about this practice, please feel free to discuss it with me. **Initial** _____

TERMINATION OF THERAPY: If, after gathering background information in the first two or three sessions, I do not believe I can be of help to you, I will so advise and provide you with names of other therapists/agencies that I think might be helpful. Otherwise, the length of your treatment depends on the specifics of your treatment plan and the progress you achieve. It's a good idea for us to plan together for your discharge. You might even want to take a break from counseling at some point, especially if the issues we work on are intense. If either of us determine that you are not benefiting from treatment, either of us may elect a discussion of your treatment alternatives. You have the right to terminate services at any time you choose to. It is appreciated if you advise me of your plans and the reason(s) for doing so. **Initial** _____

COURT TESTIMONY: I do not represent myself as an "expert witness" and accordingly, I do not consider court testimony to be in the scope of my practice. Likewise, I do not expect that you will involve me in court proceedings or attempt to obtain records for legal or court proceedings. As your therapist, I feel qualified to provide only "fact testimony" as opposed to "professional opinion." In the event I am required (ordered) to provide treatment records or testimony in any legal proceeding, you will be billed at the rate of \$150.00 per hour for any time required to prepare to appear or gather and prepare documents for a court proceeding. You agree to pay \$600.00 per four-hour block of time that I am required to be available for court testimony, including travel time to and from any related appearance, time waiting to appear and/or testifying. The minimum charge will be for 4 hours and subsequent time will be billed in 4-hour blocks. **Initial** _____

I have received, read and I understand the Notice of Privacy Practices. **Initial** _____

I have read and understand the above policies governing confidentiality. By signing, I confirm that I agree to observe and abide by them.

Client

Date

Therapist

Date

