

Amber M. Prather MA, LPC
General Consent for Treatment for Adults

Client's Name

Amber M. Prather M.A, LPC
Therapist's Name

1. All clinic files are confidential and my written consent is required for any release of information by the clinic to any other persons other than AMBER PRATHER LPC except in the following circumstances: (a) court orders and subpoenas, (b) to defend legal action against AMBER PRATHER LPC, (c) need to prevent clients from harming him/herself or others, and (d) suspected child abuse/neglect. If I request that AMBER PRATHER LPC submit reimbursement forms for insurance, complete confidentiality cannot be agreed. If I file a lawsuit related to mental health issues, AMBER PRATHER LPC records may also be accessed by the court.
2. While I have the right to access my file, I understand that doing so may jeopardize the therapeutic process. I agree to consult with my therapist about any questions I have concerning the content of my file or sessions.
3. I may be asked to sign consent forms for the release of social, medical, and/or psychological information from other agencies or individuals for the use by the staff of this clinic in my assessment or treatment. I may request restrictions on the use/disclosure of information in my file for treatment, payment and health care operations purposes, but the therapist is not bound to agree with my request.
4. I understand that it is impossible to assure privacy of any communication by electronic means (email, text messages, and faxes). Text messages and email should never be used to communicate any urgent matter to AMBER PRATHER LPC.
5. Information from clients' files may be compiled to study various issues such as treatment outcomes and client satisfaction. My name or any identifying information will not be used in such research.
6. The therapist and I will set appointments and if I have an after hour emergency, I understand that I should call 911 or go to the nearest emergency room.
7. The practice of psychology and related disciplines is not an exact science, and I acknowledge that no guarantees have been made to me regarding the results of treatments, assessments, and consultations. I understand that I am responsible for working with my therapist to help ensure better treatment outcomes.
8. AMBER PRATHER LPC is not a medical doctor; therefore she does not prescribe medications and is not authorized to practice medicine. I understand that psychological problems can have medical or biological origins and I should have regular physical exams and speak with the doctor about all my symptoms.
9. I consent to undergo all testing and treatment procedures necessary to address the problems for which I am seeking help. I understand that I have the right to be informed of the nature and purpose of any procedure and that I can refuse or discontinue testing or treatment at any time.
10. I understand I am responsible for any fees for services to which I consent, and that failing to pay such fees may result in the termination of any further services to me. Payment is due at the beginning of my appointment. I must cancel at least 24 hours before my session, unless my therapist and I both agree my cancellation was due to an emergency or I am responsible for the session fee before I can schedule a new session. Continued non-payment of fees may result in action including being referred to a collection agency.
11. I understand that special arrangements may need to be made regarding payment and reporting of assessment and treatment results in cases of divorce and court-mandated services.

Amber M. Prather MA, LPC
General Consent for Treatment for Adults

Initial
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CONSENT FOR TREATMENT SIGNATURE PAGE FOR ADULTS

Therapy sessions and file information are confidential.

Except in cases of: (a) court orders/subpoenas, (b) to defend legal action against AMBER PRATHER LPC, (c) need to prevent harm to self or others, and (d) suspected child abuse/neglect. Third party billing and lawsuits I bring related to mental health issues may also limit the confidentiality of my file.

There are some limitations to my access to my file.

While I have the right to access my file, I understand that doing so may jeopardize the therapeutic process. I agree to consult with my therapist about any questions I have concerning the content of my file or sessions.

I must sign release forms before information can be exchanged with other agencies.

The privacy of any electronic communication cannot be assured. Do not use email for urgent matters. I may request restrictions on the use/disclosure of information in my file for treatment, payment and health care operations, but the therapist is not bound to agree with my request.

Some information from my file may be used in research.

I understand that names or any other identifying information will not be used in research.

AMBER PRATHER LPC does not provide after-hours or emergency services (use 911 for after-hours crises).

The practice of psychology and related disciplines is not an exact science.

No guarantees have been made to me regarding the results of AMBER PRATHER LPC services. I am responsible for working with her to help ensure better treatment outcomes.

AMBER PRATHER LPC (therapist) is not a medical doctor and cannot prescribe medications.

I consent to undergo all recommended testing and treatment procedures.

I can refuse or discontinue testing or treatment at any time.

I agree to pay for services at the time of service. Payment is due at the beginning of sessions and I must cancel at least 24 hours before my session or I am responsible for the session fee.

Consequences of non-payment may include termination of services or being referred to a collection agency.

Special payment/reporting arrangements may be made in cases of divorce and court-mandated services.

I acknowledge that my therapist has reviewed the General Consent for Treatment with me and I have been given a copy to keep for my own records.

Signature of Therapist

Signature of Client

Printed name of Client

Date: _____

Date: _____