

INFORMED CONSENT

Agreement for Services for: _____

Scheduling and Fees:

- The fee for services will be \$185 per session; \$180 if paid by cash or check.
- Sessions are 50 minutes long. When you make an appointment, that time is reserved for you, the Client.
- Please give 24 hours' notice if you need to cancel or you will be charged for half the time reserved.
- If we can reschedule the appointment or another time during the week at a time convenient for both of us, the fee will be waived.
- When another party (such as an HMO or a church) is responsible for paying part of your therapy, and a session is missed due to lack of 24 hours' notice, you are responsible for paying the fee.
- Payment is made at the beginning of each session or with an approved card on file.

Couples:

Tori holds no secrets. The couple is Tori's client. Tori holds only an alliance to the couple as long as the couple seeks her services for counseling.

Confidentiality:

Confidentiality Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

1. Suspected abuse or neglect of a child, elderly person or a disabled person,
2. When your psychiatrist or therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself,
3. If you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities,
4. If your psychiatrist or therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc.
5. When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc,
6. In natural disasters whereby protected records may become exposed or
7. When otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other professionals or family members.

TORI DABASINSKAS, LMFT, LPCC, ESMHL

WA LICENSE: LF60424732

CA LICENSE: MFC37796

Telehealth/Email/Voicemail Communications:

Tori's primary choice for communication that offers the best opportunity for confidentiality is in person or telephone/voicemail.

- While using every reasonable means to protect and encrypt conversations and records of care, when communicating with Tori by Internet or other electronic means, such encryption cannot be guaranteed.
- By agreeing to engage in services by Internet or other electronic means, you and Tori will each assure that any text messages or recorded discussions will be deleted.
- You are encouraged to protect your own confidentiality by controlling access to your communications such as using passwords only known by you, controlling access to your computer, deleting data as agreed, etc.
- When communicating by internet or other electronic means, disruptions in service or other technical difficulties may occur from time to time. It is understood that should a disruption occur at a time of a crisis; you agree to immediately phone Tori.
- It is understood that sometimes the written word can be misunderstood.

Vacation:

Voicemail/email clarifies vacation days. **Texting does not.**

Texting:

Texting is used for appointments only. Any other communication is through phone calls, email or voicemail. Texts are only responded to during Tori's work week - Monday to Thursday. If you are communicating via text and questions arise about the meaning of a statement, you are asked to call and bring clarifying questions to Tori's attention as soon as possible so that misunderstandings may be explained and any ensuing problems are averted or avoided.

Your Acknowledgement:

I have read and understood the above information as well as the Client Information and Office Policy Statement. I accept, understand and agree to abide by the contents and terms of these agreements and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Client Signature: _____ Date: _____