



## **CHILDREN FIRST PEDIATRICS COUNSELING SERVICES CLIENT CONSENT FORM**

**COUNSELING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

### **CONFIDENTIALITY:**

All interactions with Children First Pediatrics Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate outside of Children First Pediatrics. Permission for me to contact a specific person or agency on your behalf will be granted by signing an Authorization to Release Information Form.

I am dedicated to maintaining the confidentiality of my patients. Please understand that your child has a right to privacy. They will be less likely to be open and honest if they think that all information will be relayed to their parents. However, some state laws specify certain circumstances when therapists are required to break this confidentiality. I am required by law to inform my patients of these limits of confidentiality.

### **EXCEPTIONS TO CONFIDENTIALITY:**

- The counseling staff works as a team. Your therapist may consult with other counseling staff and staff at Children First Pediatrics to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Maryland state law requires that staff of Children First Counseling Services who learn of or strongly suspect physical, sexual, or emotional abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require the Children First Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.
- A therapist may break confidentiality to the extent needed for treatment, payment, or health care operations.

My guiding principle is to protect the best interest of my patients while delivering the highest quality services. I can do this most effectively if you help me by asking questions or raising concerns whenever such matters occur. Please talk about confidentiality with me, if you have any questions or concerns.

### **PRACTICE POLICIES:**

All minor children must be accompanied by a parent/guardian. If you have or share custody of a minor, please provide written proof thereof. We do NOT provide reminder calls about scheduled appointments. It is the patient's responsibility to remember.

Sessions are generally scheduled for 45-50 minutes. Please arrive on time for your appointment. If you are late, that time is lost from your appointment. If I am late for a session, we will extend the session if you are willing to do so. I try to see patients at their appointment time, but please be aware that emergencies may require extra time and that I may run late on occasion. Please notify us by email, portal or phone if you need to reschedule. 24-hour notice of cancellation allows us to use the time for others. Failure to notify Children's First Pediatrics within 24 hours will result in a \$125 fee.

If you miss, cancel or reschedule multiple appointments, I have the right to terminate our work. If you do not reschedule and attend an appointment within one month of our last session, I will assume that you have decided to discontinue treatment with me and your case will be closed.

You have the right to withdraw from counseling at any time. It is expected that you will let me know of your desire to terminate your counseling services. I highly recommend that you have a final session with me after you decide to end counseling so that we can review our work together and collaborate on future plans. You are welcome to return to counseling as long as I am available and you have been compliant with treatment and office policies, regardless of how much time has lapsed since our last session.

**EMERGENCIES:**

If you experience an emergency between sessions please go to the nearest emergency room and ask to speak to the psychiatrist on call or call 911. The National Suicide Prevention Lifeline is also available 24 hours a day, 7 days a week: 1(800) 273-TALK (1-800-273-8255).

**PAYMENT:**

Therapy services done at Children First Pediatrics are billed to your insurance unless you are notified otherwise. Deductibles, copays and other charges may apply.

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**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Children First Pediatrics Counseling Services. I acknowledge that I received HIPAA consent forms as a patient of Children First Pediatrics and these forms also apply to therapy services.**

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*Signature of Client*

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*Signature of Parent/Guardian (if Client under 18yrs old)*

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*Date*

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*Signature of Therapist*