

DJB THERAPEUTIC SOLUTIONS LLC INFORMED CONSENT STATEMENT

Consent for therapy

The decision to begin therapy may have important results for your life. Research has shown that individuals entering therapy achieve more favorable results when they have a good understanding of what to expect. I have therefore developed this consent form to provide you with an overview. It is impossible to cover everything, so I do encourage you to ask any questions that you have regarding any of the information included here, or about the therapeutic process in general. It is also important for you to know that while you will hopefully experience positive results and changes in your life as a result of therapy, there may also be some negative feelings or difficulties that may arise. For example, therapy can bring up difficult/painful emotions that take time to work through. Further, as you make changes in your life, potentially stressful changes may also occur in your relationships with others. It is of the utmost importance that you enter into therapy with a realistic understanding of both the potential benefits and risks. Therapy may not always be profitable, and so both therapist and client should periodically evaluate progress in therapy.

Confidentiality

I place the highest value on the confidentiality of your records. Records will be held confidential except as required by law or as released by your written authorization. In a small number of situations, I am legally required to reveal information. For example, if you reveal information that indicates a clear danger of injury to yourself or others or by court order. In addition, if I believe that a child has been or is in danger of being abused I am required by law to report this to the authorities. Finally, under certain insurance contracts, your records may be reviewed for quality and appropriateness of care by your insurance company or an external gatekeeper. In the unlikely event that I am required to disclose confidential information, I will inform you of my actions, and reveal to others as little as is necessary to carry out my ethical and legal responsibilities in the situation. In certain instances, when I am unavailable or out of town, I will arrange to have another qualified professional cover for me in the case of an emergency. Please understand that in the event of an emergency information may be discussed between myself and your provided emergency contact*. In the event of my absence, information may be shared with the professional who is covering for me in order to maintain continuity of care and quality of service.

Payment of fees

(Co)Payment for your therapy is expected at each session. (Co)Payment may be in cash, check, or debit. You are responsible for seeing that my services are paid for promptly. Meeting this responsibility demonstrates your commitment to our professional relationship. My fees are \$175 for the initial, 90 minute evaluation and \$150. For subsequent 50 minute therapy sessions. You will be expected to pay for each session in full. These fees include reasonable time for phone calls, coordinating treatment with other doctors, record keeping, and treatment plan completion. In the unusual event that more extensive written work or telephone consultation is required a fee of \$150. Per hour (pro-rated by 15 minute increments) will be charged. Special Drug/Alcohol evaluations for courts, Probation officers, Military requirements etc. carry a fee is \$250 which is not covered by insurance. A written report if needed will be sent to outside entity with your consent within 2 weeks from date of evaluation.

If you are utilizing your insurance coverage in order to cover full or partial costs of my services (please also see Release of Information for Communication with Insurance Provider), please review your policy, or contact your company, in order to determine coverage, the possibility of deductibles and what will be the co-pay amount or rate.

Scheduling, communication, and cancellation policy

Individual therapy sessions usually last 50 minutes. I cannot promise that I will be available at all times. While I am able to utilize email and text messaging, I cannot promise that this is a form of communication that will always be met with a response. In order to assure that your concerns are being met in a timely response, please contact me by phone. You can always leave a confidential message on my voicemail and I will return your call as soon as I can. Generally, I return messages within 24 hours, except on weekends, holidays, or a planned vacation. If you have an emergency or crisis that requires immediate attention you should call 911 or go to your local Emergency Room.

Your sessions will be scheduled at a time that is mutually agreed upon. If either you or I are unable to keep an appointment, every effort should be made to contact the other party well in advance. Our schedules are both very busy. The cancellation of an appointment without sufficient notice means the loss of a therapy hour that could have been scheduled for somebody else. **Therefore, the policy is that appointments that are not cancelled by you at least 24 hours in advance will be charged to you at the usual Full rate**, except in the event of an unavoidable emergency. Cancelled appointments are not covered by insurance. If you fail to attend two consecutive sessions, no further appointments will be scheduled until payment in full is received.

If you are considering stopping your therapy, please discuss this in person in your sessions. The ending of therapy is just as important as the beginning. It is important to take time to address the issues and the process around leaving. Unfortunately, in some situations, clients fail to attend several sessions and do not call to discuss the issues that are interfering with therapy appointments. If you fail to contact me within one month of not attending two scheduled sessions, I will assume that you have made a decision not to return.

Rights and responsibilities

I am licensed to practice psychotherapy by the Maryland State Board of Professional Counselors and Therapist and adhere to its Ethics Code. If you ever become involved in a legal dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should have a different psychotherapy practitioner who specializes in forensics. As your therapist, I have the responsibility to ask specific and direct questions about your history, your life situation and your current distress. I also have the responsibility to be open with you and to provide information regarding your diagnosis and treatment recommendations.

As a client in psychotherapy, you also have responsibilities. Your most important responsibility is to yourself, to work toward the goals that have been set. This requires effort on your part both during and between sessions. Entering therapy requires a commitment of time, energy and resources and often requires some courage to make the first appointment. Your commitment will be honored here and you will be treated with respect. In certain situations, you and/or I may determine that therapy is not progressing in a satisfactory manner. In this case, I have the responsibility to discuss this with you and review various options. If I do not feel that I am able to meet your needs or if concerns that arise are beyond my areas of competence, it is my ethical responsibility to refer you to a therapist who is better suited to meet your needs.

I, _____, have read the above, and understand and agree to my responsibilities. I understand that Deon Brown LCPC, LCADC is in independent practice and is in no way connected to the other independent providers in his suite. I understand that I am financially responsible for charges whether paid by insurance or not. I understand that no promises have been made to me as to the results of treatment provided by this therapist. I hereby agree to enter into therapy with Deon Brown LCPC, LCADC. and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of Client

Date

Deon Brown LCPC, LCADC

Date