

Informed Consent

Before We Begin...

Perhaps one of the hardest parts of this process is already over. Deciding to undertake therapy is an important step in your life that requires a clear understanding and agreement between you and your therapist. The following information will orient you to the legal and ethical considerations and rights for clients in a mental health care setting. Please initial each section to show that you have read and agree to the material presented.

Consent to Treatment

I am voluntarily seeking psychotherapeutic services. I understand that I am responsible for my part in the therapy process, which includes providing honest information to my therapist, and follow therapeutic instruction and completing homework and reading exercises. I realize that refusal to follow recommendations, being dishonest or withholding of information related to my problem could jeopardize my well-being. I understand that there are uncontrollable factors and that no guarantee is expressed or implied.

If I feel the urge to hurt myself or someone else, I agree to contact my therapist, dial 911, call my physician or go to a hospital. _____ Initial

Confidentiality

Communication between a client and therapist is confidential. Your therapist will never repeat what you say, or tell what is in your records or test results to any family member, employer, school, doctor or anyone else without your permission. If you wish any information to be shared with a third party, you must sign a written release. You may revoke your release at anytime by putting it in writing and delivering it to the Breakthrough staff.

Oklahoma Law specifies a few situations involving safety for yourself or others where disclosures may be made without your consent. These are:

1. If you are a danger to yourself and you refuse appropriate care.
2. If you are threatening to harm someone else or pose a threat to the safety of others.
3. When child or elder abuse is disclosed.
4. When case consultation is presented in an anonymous manner to other professionals.
5. When legally ordered by a court of law.
6. In order to collect debt or defend your therapist in court.

_____ Initial

Billing, Payment, Insurance and Managed Care

In order for this office to file insurance claims on your behalf, we must document your permission to give certain private information about you to your insurance or health care company. Typically, this includes the date of service and your diagnosis. Other data may be necessary from time to time in order to ensure that you receive the appropriate benefits. Some mental health treatments and diagnostic procedures are not covered by insurance. In that case you will be responsible for payment. Feel free to discuss your insurance coverage with our insurance department. _____ Initial

Charges

Fees for services rendered to you are dependent on the type of service and the length of time involved. These fees can be discussed with our billing department at any time. You are responsible for any debt incurred for services rendered to you by your therapist. Fees for court related work are not covered by insurance. Court related services are charged at \$300.00 per hour, are based on door to door time and must be paid in advance. Our therapists do not perform child custody evaluations or forensic assessments.

_____ Initial

I understand and agree to these policies and accept responsibility for any debt for services rendered to me by the Breakthrough therapists.

Patient's Signature

Date