**ReBlanace Therapy**

Mind. Body. Soul.

**Informed Consent/Confidentiality**

 Our time together is personal but also a contractual agreement throughout our therapeutic relationship. It is important for the both of us to be clear on the dynamic of our relationship and what we should expect from one another. This document emphasizes the significance of our collaboration, consent, and the commitment required for therapy. As your therapist I am to support you through your journey of personal growth and evolution. If you have any questions, feel free to ask.

 **The Therapeutic Process**

It is great that you have chosen to pursue therapy. The success of your treatment depends on your willingness to engage in the process, even when it gets uncomfortable. Addressing challenging aspects of your life and emotions might be demanding. Through this journey, the therapist aims to guide you in exploring these challenges as puzzles to solve, acknowledging that personal growth is a lifelong journey filled with unexpected twists. The therapist promises to provide support and understanding, helping you clarify your goals and desires.

 The therapist will meet with you for one 50-minute session in a safe and confidential space (via in person or telehealth). The therapist does have the capacity to see clients for shorter or longer amounts of time according to individual need.

 **Client Rights**

1. As the client you have the right to receive information about your diagnosis, your providers therapeutic approach being used, techniques used, the duration of sessions, and the cost per treatment.
2. As the client you are able to seek other professionals, opinions, refuse treatment that has been recommended for you, withdraw consent from treatment, and or terminate your time with your therapist/treatment.
3. As the client you are able to have knowledge on risks and benefits of the treatment being treated on you.
4. Sexual intimacy is not tolerated or appropriate in the context of a professional relationship and must be reported to state regulators.

 **Fees**

 All individual sessions are $115 and couples therapy sessions are $120. If you are unable to make your appointment, please call or email to either cancel or reschedule your appointment at least 48 hours before the scheduled session (business days, Monday-Friday). For no shows and late cancellations, there is a charge of $115 for individual and $120 for couples therapy. Regular attendance to therapy is a key component for successful treatment and progress. As the client, if you are unable to attend a session, please cancel 48 hours before in order to avoid a fee. This policy will be applied in all circumstances unless prohibited by law or our agreement with your insurer.

 **Your File**

 Therapists take note and keep a file on each client or family system they work with. Client files and notes are intended to be used to record important information, keep track of client goals and progress, and allows the therapist to engage in a effective way in order to provide clients the best care.

 **Confidentiality**

The communication in the context of the therapist-client relationship will be held confidential in accordance to both federal and state law. Your therapist is unable to release any information and or document(s) without the client releasing in writing that the therapist is able to disclose any information about you or your care without your consent. All in all, there are circumstances that limit client privilege information, they are itemized below:

1. Client signs a Release of Information (ROI) agreeing to disclose to a specific person or group of people.
2. A provider/professional believes the client poses a significant and immediate harm or threat to themselves or others.
3. If a court of law issues a disclosure of client’s records.
4. A provider/professional suspects that there is a child or elder in abuse or neglect.
5. Criminal or delinquency proceedings where assessment or therapy is ordered by the court.
6. If your disabled due to a mental disorder.

In addition, there may be times when the therapist may need to consult with other professionals in their area of expertise so that adequate treatment is provided for you. Information may be used in context without using your name. When out in public and we see each other outside of therapy, I will not acknowledge you first. You have both privacy and confidential rights that I wish to stay obligated to respect. However, if you acknowledge me first, I will enjoy engaging with you for a moment.

 **Emergency Services**

ReBalance Therapy does not provide emergency services. If you find yourself or a family member in a life-threatening-situation, please call 911 or to the emergency room at your cost.

 **Date:**

 **Signature:**