

INFORMED CONSENT AND THERAPY CONTRACT

M. Ben Meek dba Hope Unlimited

It is important that my client(s) are fully informed about the therapy services that they will be receiving. Client signature(s) below indicate that you have received, read, and understand the practice policies of this therapy site in order to help you make an informed decision about entering therapy.

CLIENT RIGHTS

Client(s) understand that they have certain rights, and one of those rights is to ask questions and have input about how the process of therapy unfolds.

NO DISCRIMINATION

While this therapy practice is founded as a spiritual ministry, client(s) are not required to be professing Christians. There is no discrimination based on race, religion, age, color, gender, sexual orientation, national origin, handicap, or veteran status. Everyone is welcome if they see this resource as something that may be helpful to them.

CODE OF ETHICS

Client(s) understand that therapists are bound by a Code of Ethics as set forth by the American Association for Marriage and Family Therapy (AAMFT), and that they may request a copy of this code at any time.

EMERGENCIES

If client(s) have an emergency, they should call 911, local law enforcement, Wamego Health Center, or Pawnee Mental Health. The therapist's phone is not always available, and he does not offer "on call" services.

RECORDS

Client(s) understand that they have a right to discuss their diagnosis and treatment progress. While client(s) have access to information in their file, they do not have a right to raw therapist notes. The therapist may refuse to reveal portions of their records to them if he feels that doing so would be harmful to their welfare. If that circumstance occurs, explanation will be provided as to why it might be harmful. When file information is requested, most often it is given in the form of a summary of treatment.

FINANCIAL ARRANGEMENTS

A normal session is 50 minutes, and client(s) agree to pay \$_____ at the end of each session. If other payment terms are needed, this will be discussed in advance. Insurance and credit cards are not accepted as payment for services. Should client(s) miss a session without cancelling 24 hours in advance, a \$10.00 fee will be added to the next session fee.

Checks should be made payable to Ben Meek.

MEDICAL CONSULTATION

Under Kansas Law (KSA-65-6404(b)(3) a therapist is required to consult with the client’s primary care physician or psychiatrist to determine if there may be a medical condition or medication that is causing or contributing to signs of a mental disorder. In order to comply, client(s) must disclose information about their doctor and sign a release to authorize that communication. **Clients may waive this requirement if desired.** The following page provides those two options,

AUTHORIZATION OR WAIVER OF MEDICAL CONSULTATION

Please initial your preference and then sign this authorization.

Option I

_____ I hereby waive my right to medical consultation, and I am aware that this waiver will be part of my client record.

Or

Option II:

_____ I hereby request that contact be made with my physician or psychiatrist, and I waive my right to confidentiality for that purpose.

Name of Physician or Psychiatrist

Address

Address

phone

Client Signature

date

Client Signature

date

ASSURANCE OF CONFIDENTIALITY

Client(s) understand that except under specific circumstances mandated by law, communications with their therapist will remain confidential as will any records regarding the therapy process unless client(s) sign a Release of Confidential Information.

If more than one family member participates in a session, each and every participating family member must consent prior to the release of the file information. If a minor is receiving services, the appointment of a guardian ad litem may be necessary prior to release of the minor client's information. The client's family members are not entitled access to client information just because they are family.

In family or marital therapy, the therapist does not guarantee that he will keep information shared by one member shielded from another member. Keeping secrets from a spouse is generally not helpful to the process.

EXCEPTIONS TO CONFIDENTIALITY

Licensed therapists are referred to as **Mandatory Reporters**. Kansas law requires therapists to break confidentiality and report information in the following circumstances:

- The therapist suspects that a client may be a danger to himself or herself, or to others; or
- The therapist suspects that a child, elderly, or disabled person may be subject to abuse or neglect; or
- When a judge issues a court order requiring disclosure of file information or requiring the therapist to testify at a hearing

Client(s) understand that my therapist will not voluntarily become involved in court proceedings. They further understand that should the therapist be required to testify in court or prepare records, client(s) will be billed for that work at \$90.00 per hour.

EMAIL AND TEXTING

Your therapist is not against limited communication by email and texting, however client(s) must realize that **electronic communication may not be confidential**.

Information can be accidentally forwarded, or a virus or hacker could trigger transmission of the communication. Family members may inadvertently see a message.

By signing below, client(s) authorizes therapist to respond using electronic media.

Therapist's cell phone number is 785-565-4060 and his email is bmeek4870@gmail.com.

RISKS AND BENEFITS

Any time you enter therapy to work on the difficulties in your personal life and relationships; there are benefits and risks involved. The benefits of therapy can include learning to better handle important relationships. You may gain a greater understanding of yourself and the patterns in your family. However, therapy can be challenging and uncomfortable at times.

Remembering and trying to make peace with unpleasant events may cause intense feelings of fear, anger, depression, and frustration. Changing patterns can sometimes cause an increase of conflict. There may be changes in your relationships you had not originally intended.

