



Informed Consent

Welcome to my practice. Rather than taking time during your session, I have prepared this letter for you with some important information about my services and our work together. Please feel free to ask for more information if anything seems unclear.

Confidentiality & Exceptions

Initial_____

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is reasonable suspicion of child or elder abuse/neglect; and where a client presents a danger to self, to others.

I practice a no-secrets policy when conducting marital/couples therapy, which means that confidentiality does not apply between the couple. Any information given will not be held in confidence in couples sessions, unless mutually agreed upon under rare circumstances involving personal safety.

Phone Messages & Emergencies

Initial_____

My confidential business line is available to you 24 hours a day and I check it frequently. I make every effort to return calls within 1 business day. That number is (480) 200-5752.

In the event of an emergency, you may leave a message on my voicemail. Every effort will be made to return your call as soon as possible. If I am unable to return your call, or I am out of town, please call 911 or go to your nearest hospital emergency room.

Cancellations

Initial_____

When you schedule a session, that time is reserved solely for you. For this reason, I require 24 hours notice of cancellation or you will be charged half the fee for the session. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If this occurs, please give me 24 hours if you need to cancel or change your appointment time. The number for cancellations is my 24-hour confidential business line (480) 200-5752.

Explanation of Dual Relationships

Initial_____

Your relationship with me or any therapist must be strictly professional in nature. A therapist is not allowed to invite you into a business venture, ask you for personal favors, have a sexual or social relationship with you, etc. These examples are called, "dual relationship" and are unethical. In the event that I see you outside of the office, I am discreet and will maintain your confidentiality. I typically follow your lead, and thus it is your choice to acknowledge the encounter or not.

Litigation Limitation

Initial_____

Due to the sensitive nature of the therapeutic process and the fact that it often involves disclosing many matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.”), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Emails and Texting

Initial_____

Many clients enjoy the convenience and ease of texting and/ or emailing as a form of communication with me. This practice is fine as long as you understand that neither are 100% secure in terms of confidentiality. You can text me on my regular business line **(480) 200-5752** and/or email me at **BrittBrennanLMFT@cox.net**. I make every effort to reply as soon as possible if necessary.

Fees/Payments/Insurance

Initial_____

My fee is \$175.00 per 50 minute session. Longer sessions are prorated at the same rate. This agreements is effective as of the date signed. I do not take insurance of any kind and therefore, all professional services are rendered and charged to you the client. I am happy to provide you with a monthly statement of services, which can be submitted to your insurance company for reimbursement if you so choose. Not all issues/ conditions/ problems dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

I have thoroughly read and fully understand this document.

I understand that I am financially responsible for all charges incurred.

I authorize Britt Brennan, MA LMFT to provide psychotherapeutic treatment.

Client Signature

_____/_____/_____
Date