

CONSENT TO COUNSELING/PSYCHOTHERAPY WITH ROYCE CALHOUN, PH.D.

This consent form must be signed prior to beginning counseling.

CONFIDENTIALITY: This means that Dr. Calhoun safeguards all information obtained during counseling. All information about you is kept confidential and you must sign a release of information before any information about you is given to anyone, except as required by law. The following are exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

THE BENEFITS OF COUNSELING: The resolution of your concerns, issues or problems is the desired outcome for all counseling/psychotherapy. Some clients may gain skills to enhance marital, family and other interpersonal relationships. Some clients may deepen self-awareness, self-understanding, self-acceptance, and self-esteem. Others may experience the healing of emotional wounds and restoration of a sense of well-being or wholeness. Still others may be given a variety of resources to manage illnesses such as mood disorders or anxiety disorders.

THE RISKS OF COUNSELING: There are certain risks involved in counseling. You may experience a variety of negative emotions during counseling/psychotherapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not have been originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Dr. Calhoun will do his best to assess progress and provide referral to other sources if that is deemed appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

COST OF SERVICE AND PAYMENT: The cost of service is \$150.00 for each fifty-minute therapy session. The fee for group therapy is \$50.00 per session. All fees are to be paid at the time the service is rendered. Dr. Calhoun accepts cash, personal checks, MasterCard, and Visa. Although Dr. Calhoun **does not** accept insurance or third party reimbursement, he will be happy to provide a receipt for you if you wish to file with your insurance.

CANCELLATIONS: Cancellations must be made twenty-four hours in advance to avoid charge. Missed appointments will be charged the regular fee.

NSF CHECKS: There will be a \$25 charge for each NSF check.

I have read and accept this agreement and herewith consent to counseling/psychotherapy with Royce Calhoun, Ph.D.

Client Signature or Legal Representative

Date

Client Signature or Legal Representative

Date

Royce Calhoun, Ph.D.

Date