

Consent for Treatment, Children & Families

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(208) 471 4838

Disclosure

Licensed Clinical Professional Counselors are regulated by the Department of Self Governing Agencies through the Idaho Bureau of Occupational Licenses. Any questions, concerns, or complaints regarding of the practice of counseling may be directed to the state board listed below:

Bureau of Occupational Licenses

1109 Main St., Suite 220

Boise, Idaho 83702-5642

(208) 334-3233

About Psychotherapy

Psychotherapy is not easily described in general statements. It varies depending upon the personalities of the therapist and client, and the particular issues you are working on.

Our first few sessions will include an evaluation of your child's needs. During this time, I will be able to offer you some first impressions of what our work will include and some initial suggestions to follow if you decide to continue therapy. You should evaluate this information along with your opinions of whether you feel comfortable working with me. Therapy can involve a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions, feelings, or reactions to our work, I encourage you to discuss them with me whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or give you some referrals to pursue on your own.

The process of ending therapy, called "termination," is sometimes one of the most difficult and important parts of the therapeutic process. Ultimately the decision to end therapy is yours, but it is something that we should discuss together before any conclusions are reached. I request at least two sessions for termination.

About Confidentiality

As a therapist, I am bound by confidentiality in the Client-Therapist relationship except in situations where legal requirements take precedence. As your child's therapist, I intend to hold his/her confidence, sharing general information with you rather than specific information about each session.

Legal Limitations: I am obliged by law to report child abuse (physical, emotional, sexual, neglect) or intent to harm self or others.

Professional Consultation: I may anonymously discuss your child's therapy in supervision & consultation with other psychotherapists.

About Our Appointments

Your child and I will usually meet for a 50-minute session once a week.

I have developed a cancellation policy where I ask you to make your child’s therapy a priority in your life. I have found that the more consistency there is in therapy then the more successful the work tends to be.

When you must cancel, please try to give me at least 24-hours notice. **If you miss a session with less than 24-hours notice, for no emergency reasons, you will be charged a half-price session the first miss and full-price for any missed sessions thereafter.**

Fees and Payment

My fee for therapy is \$120 per 50 minute session. My regular fee increases on a yearly basis.

If you need to talk with me between scheduled sessions, you may leave me a message at any time at (208) 471 4838. I check for messages several times a day, and will usually call you back within a few hours. There is no charge for calls of less than 10 minutes. The charge for calls of 10 minutes or more is prorated based on your fee for a 50 minute session.

Client Consent to Psychotherapy

I acknowledge that I have read (or have had read to me), understand my rights as the parent or as the legal guardian of _____, and voluntarily consent to therapy for my child. I am aware that therapy is a tool for understanding and growth and no guarantees can be given as to the outcome of evaluation and treatment.

Signature of Client or Legal Guardian

Date

Signature of Client or Legal Guardian

Date

Signature of Therapist

Date