

## Consent for Treatment & Disclosure of Information

**Daniel Rothman, MA, LPC**

**License : LPC # 6353**

PO BOX 533

Ketchum, ID 83340

(208) 471 4838

### **Disclosure**

Licensed 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

**Please be aware that I am a licensed counselor in the State of Idaho only, and all work I conduct outside of the state is Spiritual Guidance and Consultation.**

### **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 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. You may seek a second opinion from another therapist or may terminate therapy at any time.

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. In some circumstances people feel that they want to terminate therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason I request at least one session for termination.

### **About Confidentiality**

In all but a few rare situations, you have the absolute right to the confidentiality (that is, the privacy) of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

**Legal Limitations:** I am obliged by law to disclose information concerning your treatment if 1) I have clear evidence that you are a danger to yourself or others, 2) you tell me about an incident of child or elder abuse by yourself or someone else that indicates that a child or elder might be in current danger.

**Professional Consultation:** I may anonymously discuss your therapy in consultation with other psychotherapists.

### **My Role in Our Therapeutic Partnership**

I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

### **About Our Appointments**

We will usually meet for a 55-minute session once a week.

I have developed a cancellation policy where I ask you to make your therapy a priority in your life, and at the same time I work to maintain some flexibility. I have found that the more committed and consistent a person is to his or her therapy then the more successful the therapy tends to be.

When you must cancel, I request 24 hour notice. **If you miss a session without 24 hour notice, for no emergency reasons, the first missed session will be charged half price. All missed sessions thereafter are charged the full fee.**

### **Fees and Payment**

My fee for therapy is \$120 per 55-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 55-minute session. Additionally, if an in person session goes 10 minutes or more longer than the scheduled session, I will charge for time at a prorated rate based on the 55 minute session of \$2/minute (e.g. a 1 hour, 15 min session is \$150).

### **Teletherapy: Online/Telephone Counseling**

Teletherapy counseling services include, but are not limited to, consultation, treatment, and using interactive audio, video, or data communications. Teletherapy counseling services involve the communication of medical/mental information, both orally and visually.

There are risks and consequences from these services, including, but not limited to, the possibility, that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your medical information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

Teletherapy services may not be as complete as face-to-face services. If I believe you would be better served by another form of counseling services (e.g. face-to-face services) you may be referred to a counselor who can provide such services in your area.

**Client Consent to Psychotherapy**

I have read the preceding information, understand my rights as a client, and voluntarily consent to therapy. I am aware that care and treatment in this area is not an exact science and acknowledge that no guarantees have been made to me regarding the results of evaluation and treatment.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**