

# Consent for Treatment and Limits of Liability

## **Limits of Services and Assumption of Risks:**

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

## **Limits of Confidentiality:**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

### **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify the authorities. I am not a fan of the police, so I will inform mental health providers if needed. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities. In either case I will discuss all options with you prior to informing anyone.

### **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities. This is sacrosanct and not negotiable.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

### **Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to the clients. I do not take insurance, but will provide a Superbill on request.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

*By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.*

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Date

# Cancelation Policy

If you are unable to attend an appointment, I request that you provide at least one day's notice via text or email. If you do not provide this notice, I am unable to use this time for another client. You may be billed a late cancelation or no-show fee unless such cancellation is due to an actual emergency or acute medical situation.

For cancellations made with less than 24 hours notice (unless as noted above) or a scheduled appointment that is completely missed, you will be expected to pay a \$55 cancellation fee.

**FOR ALL APPOINTMENTS, ARRIVING 15 MINUTES OR MORE PAST THE SCHEDULED TIME WILL BE CONSIDERED A NO-SHOW AND CHARGED ACCORDINGLY!**

Thank you for your respect and your help keeping my schedule running smoothly.

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Date

# Payment Policy

Payment is expected for all appointments. By signing below, you agree to pay the provided invoice within 7 days of treatment.

Payment is accepted in any of the following:

- Directly through the invoice
- Through the payment portal on the website ([alyxxbergcounseling.com](http://alyxxbergcounseling.com))

Or via any of these services:

- Paypal - @AlyxxBerg
- Venmo - @AlyxxBerg
- Zelle - 206-713-9264 or [alyxxberg.counseling@gmail.com](mailto:alyxxberg.counseling@gmail.com)

My invoice system is set to automatically send reminders for overdue accounts, if you feel you have received one in error, please text or email me immediately so that I can fix it!

By signing below, you acknowledge that you have read this agreement.

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Client Signature (Client's Parent/Guardian if under 18)

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Date