**Consent Form Renee Calm MS, LMFT**

*(including rights and responsibilities)* **Marriage and Family Therapist**

**Appointments (Cancellation and No-Show Policy)**

I agree to make every effort to keep all scheduled appointments and be on time. If I cannot attend a scheduled session, I will call and let Renee Calm know at 206-999-3889 to cancel and/or reschedule as soon as possible. I will call at least 24 hours prior to my appointment (see financial agreement), if a cancellation is not due to an emergency. In order to encourage continuity of counseling treatment it is ideal to attend and do my best to avoid no-show appointments.

**Confidentially**

I understand that no information about my treatment will be released to anyone outside of my counseling relationship unless I provide written authorization. I also understand there are no limits to my confidentiality and information may need to be released for the following reasons:

* When the counselor concludes there is the risk of imminent harm to myself or another person, my counselor has the legal and/or ethical duty to take the appropriate steps to protect life and well-being.
* When the counselor has reason to believe that a child, dependant adult, or developmentally disabled person had been neglected or abused physically, emotionally, or sexually, the counselor is obligated by law to report the abuse.
* In response to court order issued by a judge requiring a counselor to release information, there is a cost for time equivalent for court preparation and testimony.
* If charges are brought against Renee Calm or a facility where counseling practice occurs regarding your counseling treatment.

**Email/Phone/Text Confidentiality**

Respecting your privacy and confidentiality are a priority to me. I use email and text for scheduling purposes only and discourage the use of e-mail and text for communicating sensitive personal matters. E-mail may not be a secure means to exchange personal information and protect your confidentiality. Phone or in-person contact is the best communication.

**Counseling Process**

My counselor and I will work together to define treatment goals and how we can best work together to make the most progress. Since counseling is not an exact science, I understand that the results of counseling can be variable. I understand that the attainment of a positive outcome is dependent upon the effort expended by both myself and my counselor. I also understand that there may be benefits and risks involved in participating in any counseling process:

* Some of the benefits you may experience include the ability to handle life or cope in a better way, a greater understanding of yourself and your personal goals and values, and greater happiness and satisfaction with life.
* Some of the possible risks associated with the discussion of personal struggles may include, but are not limited to: intense thoughts or feelings of anger, fear, depression, anxiety and frustration. As you work to resolve problems and conflicts you may experience temporary discomfort. There may also be changes in your relationship or life that you had not originally intended.

I understand that I have the right to ask questions about my counseling. I have a right to choose a counselor who best suits my needs and purposes. I also have the right to end my counseling at any time and understand that I should notify my counselor when I am finished. If I decide that I would like to continue my counseling with another professional, Renee Calm can help facilitate that process if needed. I understand my counselor reserves the right to refer individuals who are not appropriate for treatment with her to a more appropriate resource in our community.

**Crisis**

I understand Renee Calm is only available during business hours (M-F, 9-5pm). All messages received outside of business hours will be responded to on the next business day. If I have an immediate crisis or emergency, I understand that I would need to contact 911 or go to a local emergency room. For a 24-hour crisis line, I can call (866) 4-CRISIS. Emergency calls should not be left on my counselor’s email or voice-mail as this does not guarantee a timely response.

*By signing below, I acknowledge that I have read and understand the policies described above, and I authorize Renee Calm to provide for my care. I understand that I may withdraw this consent in writing and terminate at any time. I acknowledge that I received a copy of this consent form (rights and responsibilities) and my counselor’s disclosure statement.*

Client Signature Counselor Signature Date