

**Client Informed Consent for Treatment by
Shelly Aldrich, LMFT (# MFC48048)
Bridges Counseling Center**

Please read this document carefully, as we will discuss it during your first session. Please be sure to ask me any questions you might have regarding your treatment.

Client Name _____ **Social Security #** _____
(To be completed by the Parent/Guardian if client is younger than 18 years)

Confidentiality

All information between counselor and client is held strictly, confidential unless:

1. The client authorizes release of information with his/her signature.
2. The client presents a physical danger to self.
3. The client presents a danger to others.
4. Child/elder abuse/neglect are suspected

In the latter two cases, we are required by law to inform potential victims and legal authorities so that protective measures can be taken.

Regarding couples and family therapy, I maintain a “no secrets” policy, This means all information disclosed to me by participating members, may be disclosed to other participating family members. All persons involved in couples therapy or family therapy must provide written authorization to release confidential information regarding treatment, before it can be released to an outside party.

Minors and Confidentiality:

Communications between therapist and clients who are minors (under the age of 18) *are confidential*. However, I retain the right to disclose any “safety concerns” I have with parents, if it is believed disclosure will potentially enhance the minor’s safety, and not increase risk. Parents and legal guardians are encouraged to actively participate in their child’s treatment and may often attend parenting sessions with me. It is to be understood by both the minor and parent, that the general progression of treatment may be shared, but not specific details.

Parents please note that if your child is 12 or younger, you must wait for them in the waiting room during their scheduled session.

Fees:

The fee for service is: \$125.00 per individual, family, or couple’s therapy session. These fees are due and payable at the time of services. There is a \$25 fee for all returned checks. Additional fees of \$200.00 per hour are charged for time in court/ testimony.

I am currently not accepting insurance as a form of payment. However, I will be happy to provide you with monthly statements of services, which you can use to bill your insurance company directly. The statements will include insurance codes, diagnostic info., dates of services and payments made. Please let me know if you need this service.

