

Consent to Treatment

Client's Rights:

- Treatment by a qualified professional
- An individualized service plan
- Confidentiality: Everything discussed in sessions will be treated as confidential. No information will be released to any party without your written consent. The law requires that confidentiality be broken in the following situations
 - If the therapist suspects the client may be a danger to self
 - If the therapist suspects the client may be a danger to others
 - If there is any suspicion of child or elder abuse
 - If the court orders information about your case

When these exceptions occur, I will make every effort to inform you in advance, before releasing the information.

Client's Responsibilities

- Punctuality
- Prompt payment for services rendered. There is an extra charge for court appearances and written reports.
- 24-hour cancellation notice
 - Cancellation less than 24 hours before session will be charged full fee, plus applicable expenses, unless another client was able to accept the appointment time instead.
 - No shows will be charged full fee, plus applicable expenses.
- Pay a fee for bounced checks at \$30 per check.
- Bring up any wish to terminate services in person, during a session.
- Limit phone calls between sessions to scheduling matters. Matters requiring more than 5 minutes should be addressed in a session. You will be billed for phone calls requiring 15 minutes or more.

- I have read and understand the rights and responsibilities outlined above.
- I consent to receiving treatment by Vicki J. Hutman, LPC, and agree to assume financial responsibility for any services received.
- I understand that there are no emergency services available, and that in the event of an emergency, I should go to the nearest emergency room or call 911.
- I acknowledge receipt of the statement of privacy practices for this office.

Client's Signature

Date

Parent/Guardian/Spouse Signature

Date