INFORMED CONSENT FOR TREATMENT FORM

The clinical staff of PC&CC believes that all beneficial counseling and psychotherapy takes place within a relationship of trust. It is important, therefore, that we clarify what you can expect from your therapist and provide you with other helpful information regarding our services. Our multidisciplinary staff provides clinical services at centers located in The Greater Washington DC area. Signing this form allows us to treat you.

PC&CC POLICIES and PROCEDURES

Confidentiality

Counselors at PC&CC adhere to the ethical and legal standards/principles of their profession. Counseling services as well as the storage and disposal of Protected Health Information (PHI) will be kept confidential within these ethical and legal limitations. You will be informed if information regarding you is released. In general information will only be released with your written consent. Giving consent grants your counselor permission to discuss your treatment with another person (doctor, relative, teacher, psychiatrist, etc.).

We are legally obligated to release information about your treatment without your consent in the following circumstances:

- You pose harm/threat to yourself or others.
- You reveal that a child or an elderly person is being abused.
- You are under the age of 17 and have been sexually or physically abused, raped or the victim of another crime
- When the information is court ordered by a subpoena or a parole officer.
- You require hospitalization

Our counselors may occasionally consult with other mental health professionals about a case. Every effort is made to avoid revealing the identity of our clients during consultations. The other professionals are legally bound to keep all information discussed in consultation confidential. If you have any questions or concerns about consultations, please discuss them openly with your counselor.

For further details regarding confidentiality policies/procedures please see the **Notice of Privacy Practices**.

Fees
Fees range according to a sliding fee scale based on gross family income and other resources. Credit Cards are preferred but we will also accept a check or cash.

Insurance
PC&CC does not work directly with insurance companies. Payment is due at time of service. Most insurance companies reimburse for our services.

Cancellations:
We have a 48-hour cancellation policy. If you need to cancel or reschedule your appointment, we will not charge a cancellation fee if you notify your counselor 48 hours in advance. Without such notice the full appointment fee will be charged. Continuity is crucial to the effectiveness of therapy.

Emergencies
Our counselors check their voicemail daily and will respond to all messages within 2 business days. If you are experiencing a mental health emergency and cannot safely await your counselor's return call, please call 911 or go to your local emergency room.

Contacting your Counselor
Please discuss with your counselor the best way to contact him or her.

Discontinuing Services
You or PC&CC can initiate termination of services at any time. Please discuss any plans or desire to terminate therapy as ending is an important part of the therapeutic process.

Clinical Supervision
Non-licensed counselors work under the supervision of licensed counselors. Supervisors are required to keep all information confidential.

Client Agreement

I, _____ agree to the policies, procedures, fees and payment arrangements as described above.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____