

Trent S. Parker, Ph.D., LMFT

PO Box 870

Georgetown, KY 40324

Informed Consent

Welcome to my practice. The following information is important for your consideration. Please read it carefully and ask any questions that you may have. When you sign this document, it will represent an agreement between us.

Services

Therapy is not easily described in general statements. It varies based on the personalities of the therapists and clients and the particular problem you bring forward. Please understand that by entering into the therapy process, there may be potential for emotional strains, stresses, and life changes as a result. While therapy has been shown to have benefits for people who go through it, I cannot guarantee any particular results or outcome from therapy. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Part of the results will also depend on your effort to work on things we talk about in sessions and at home.

Confidentiality

Therapy sessions are strictly confidential except when state law requires the reporting of threats of violence, harm, or neglect (from evidence or suspicion) toward children, adults, or self and when the Courts order information. Any other release of confidential information will require written consent.

When working with couples or families, there may be times where it will be beneficial to meet with people individually. Should this occur, I will make efforts to keep these meetings confidential. However, if information is revealed in these individual sessions that I feel is important to be shared with the other partner or family member, I will discuss with you about bringing this information into the relational session. I reserve the right to terminate therapy if information will not be shared that I feel important to the progress of therapy.

Payment for Services

My fee for therapy is \$100 per 50-minute session. I offer an ecclesiastical discount at the amount of \$90 per 50-minute session. In addition to weekly appointment, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to

testify by another party. [Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.]

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Cancellation of Appointment

On occasion, a situation may arise which prevents you from keeping a scheduled appointment. As a courtesy, please notify me 24 hours in advance of your appointment if you cannot keep it. Except in emergency situations, you may be required to pay one-half the current hourly fee. You will be personally billed for not showing up to an appointment.

Contacting Me

Should you feel that your situation requires immediate attention, I am available to return your phone calls from 9:00 a.m. to 5:00 p.m., Monday through Friday. You may leave a message on my voice messaging service (859-533-3147). I check my messages in the evenings or on weekends on a regular basis.

However if you feel that you are in a crisis and need to talk to me immediately at night, during the weekend or a holiday, and I am not immediately available, you may call your local crisis intervention center at 1-800-928-8000, or in the case of an emergency you can call your local police department at 911.

Grievances

You have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination, or reprisal. I encourage you to share your concerns directly with me. I will try to address your concerns to the best of my ability. However if we are unable to address your concerns in a manner satisfactory to you, you also have the right to report a complaint about my services to the state licensure board that regulates my practice. You also have the right to report violations of my privacy practices to the Secretary of Health and Human Services.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to allow therapy sessions to remain confidential. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will make every effort to discuss the matter with you, and do my best to handle any objections you may have about what I am prepared to discuss.

Thank You

I am committed to providing you with high-quality services, and I appreciate your decision to work with me. If you have any questions or concerns at any time during the course of your therapy, please feel free to speak to me. This copy of your informed consent is yours to keep. Please sign the bottom of this page and return it to me.

I have read and understand the above information and understand that I am encourage to ask questions and give input regarding the therapy process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification.

I give my consent for treatment by Trent S. Parker, Ph.D., LMFT.

_____	_____
Client	Date
_____	_____
Client	Date
_____	_____
Client	Date
_____	_____
Client/Guardian if above is under 18	Date
_____	_____
Witness	Date