

## **Consent for Treatment**

Welcome! I am pleased that you have chosen me to be your therapist. I look forward to working with you and facilitating your journey toward wellness.

Following are some of the elements of our professional relationship. We will discuss this in our first session. The therapy relationship is unique, so please feel free to ask about anything that needs further clarification. I want to be sure that we are both clear about the nature of our relationship.

### Confidentiality

Everything that occurs within your sessions and with regard to our therapy arrangement will be treated with the utmost privacy. Ethically I am mandated as a mental health professional to protect your confidentiality. I take those standards very seriously, as I believe that the safety created in part by confidentiality is a critical component of success in therapy.

There are a few exceptions to this standard that you need to be aware of before we begin our work together. If you are in immediate danger of hurting yourself or someone else, I would have to disclose that (but only relevant pieces of information) to appropriate authorities to keep the endangered party safe. If there is any suspicion of child physical, sexual, or emotional abuse or child neglect, I would have to report this. Also, I am required to report any suspicion of abuse of the elderly or the disabled. You may ask me to share some aspect of our work together with an outside party, such as my providing a diagnosis for an insurance form, a note to your employer, or communication with another mental health provider to coordinate treatment. I would ask you to sign a Release of Information form, then I would be willing to pass along the needed information as you request. Please note that in couples' counseling, I do not agree to maintain confidentiality between partners. Please ask me if you have any questions about confidentiality. Other than the exceptions noted, counseling is privileged communication.

I am currently a Licensed Professional Counselor (LPC – license # LPC002816). Many clients may also be in the care of other clinicians such as a psychiatrist. It is my policy to work as a team with your other clinical providers to offer you the most congruent care possible. If you are currently seeing a psychiatrist or other medical professional for your well being, please let me know so that I may contact them in order to establish the appropriate level of care for you.

### Theory and Techniques

I may use some experiential techniques with you in our sessions. You are in charge of your sessions and can choose not to participate in any activity I suggest. You are responsible for making your feelings known to me.

I believe that addressing spiritual needs in counseling can be very positive. At some point in counseling, I will ask you about your spiritual and religious beliefs and history and seek to integrate those beliefs into your counseling. If you do not feel comfortable discussing your beliefs, please let me know and I will respect your wishes not to include that in your therapy.

Although some people will find dramatic improvements in a very short time period, generally therapy takes some time. We will be clear about our purpose and goals, and will re-evaluate our work often. You may terminate therapy at any time, although it is most effective if we are able to decide this together. If you or I find that you are not benefiting from counseling with me, we may decide to refer you to another therapist. Also, if your needs are outside my realm of competency, I am required by the counseling Code of Ethics to refer you to another therapist.

### Structure of Sessions

Depending on your needs, you and I will decide how often you will come in for counseling. Most people come in weekly, although many people benefit from two sessions per week and some do well coming in less often. Individual sessions may be 60 minutes; however my usual session is 90 minutes. Couples sessions are scheduled for 90 minutes, and group therapy sessions range from 60 to 120 minutes. If you prefer a different length of time for your sessions, please inform me and we will work together to try to accommodate your preference. Often it would not be possible to extend a 60-minute session to 90 minutes, for example, because I may have another person waiting. I make every effort to stay on schedule, yet I also want to ensure that clients are well grounded before they leave. Your responsibility in this is to not hold very important topics for the end of session, thus putting me in the difficult position of having to end a session with you feeling “undone”. To avoid this, please bring out such topics early in the session, knowing that if you change your mind and no longer wish to talk about something, I will respect that and we will move on to other things.

### Cost of Sessions

My fee for one hour of psychotherapy is \$125; for 90 minutes is \$185; group fees range from \$60 - \$75. I accept cash and personal checks as payment; please make checks payable to Life Wellness & Chiropractic, PC. I do not bill, so please plan to pay for each session at the end of our appointment. If you are unable to do so, please let me know at the beginning of the session. I do not accept payment from insurance companies or other third parties. However, upon request from you, I will be happy to provide a receipt or Super Bill that you may file with your insurance company. If a check is returned by my bank unpaid, I will pass on to you any related fees.

### Cancellation Policy

When you schedule an appointment with me, you are reserving a certain block of time. If you need to change your appointment time, please call me as soon as you know that and we will find another time. At a minimum, I require notice of cancellation 24 hours in advance. Cancellation for an appointment on Monday must be received by Friday. Cancellations made less than 24 hours before an appointment will be charged the normal fee. I am committed to being available at our scheduled times; in the rare instance that I need to cancel your appointment with less than 24 hours notice, I will allow you one such cancellation in the future.

## Telephone Contact

If you need to contact me between sessions, the telephone number to use is on my business cards and the top of this form. Unless my voice mail indicates that I will be unavailable for a designated length of time, I am almost always available to return phone calls well within 24 hours. Doing therapy by telephone is not ideal, so my goal for our telephone conversations will be to help you through whatever difficulty you are currently facing and help you feel able to manage the problem until our next session. Often, just a short check-in call can be very beneficial. If our calls extend beyond 10 minutes, I will charge a prorated hourly rate based on the fee that you are paying for sessions. Needing to talk to me often between sessions indicates to me that you need extra support – either in the form of additional sessions or an exploration of other resources you have available to help you. Because the reality is that I am not available at all times, if you have a mental health emergency, I would encourage you not to wait for me to call you back, but to call 911 or go to the nearest emergency room.

## Limitations of Our Relationship

In order to provide you with the best counseling, it is important for us to honor our relationship as therapist and client. This means that it is best to not confuse that relationship with other ones. In the event that an outside relationship is not easily avoidable, we will discuss the meaning of that relationship and work through your feelings about it. It will be my responsibility to monitor other such relationships to keep you from being harmed.

Because I am not a medical doctor, I am not able to prescribe medication. However, occasionally medication may help a client with whatever situation has brought him or her in for counseling. In this event, I will provide you with a list of doctors I recommend and a referral form to take with you to the doctor.

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Please print and sign your name below. Your signature will acknowledge that you have read these pages, that we have discussed them, that you understand and agree to the policies of our relationship, and that you wish to voluntarily begin a counseling relationship between us.

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Name (printed)

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Signature

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Today's Date

My signature below indicates that I have discussed this information with you, answered any questions you asked about it, and understand that you and I are beginning a counseling relationship.

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Catherine M. Baer, MS, MS, LPC  
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