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#### INFORMED CONSENT

Thank you for choosing Angie Hoffman, LPC.  Today’s appointment will take approximately 45 minutes.   This document is intended to inform you of my policies, State and Federal Laws and your rights.  If you have other questions or concerns, please ask and I will try my best to give you all the information you need. I have earned a Bachelor of Science Degree in Counseling, a Master’s Degree in Counseling, and post graduate certification in Play Therapy.  I am certified by the State of Missouri as Licensed Professional Counselor and by the Association for Play Therapy as a Registered Play Therapist-Supervisor. I have been in practice since 2011 and have clinical experience in treating children, adolescents, adults, and families. Treatment practices, philosophy, plan imitations, and risks will be discussed with you today.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or you child or children report about physical or sexual abuse; then, by Missouri State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared and d) if you provide information that informs me that you and/or your child are in danger of harming yourself or others, information necessary for case supervision or consultation and e) or when required by law.  If an emergency situation for which the client or their guardian feels immediate attention is necessary and I am unable to return your call within 15 minutes, the client or guardian understands that they are to contact the emergency in the community (911) for those services.  I will be happy to follow-up those with standard counseling and support to the client or the client's family.

FINANCIAL ISSUES: I ask that you pay for services when rendered.  A fee of $25 will be charged for any returned checks. After 60 days, any unpaid balance will be charged 1.5% interest a month (18% APR). In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to my office to collect the debt.  I ask that every client authorize payment directly to Angie Hoffman, LPC.

CANCELLATION POLICY: If you need to cancel or reschedule an appointment, please call 48 hours in advance with notice (by phone only) to avoid a late cancellation fee of a full session. Clients who violate this policy will have their credit card on file automatically charged for the session fee. Clients arriving more than ten minutes after the scheduled appointment time will be asked to reschedule for a later date. After three late cancellations or “no call, no shows”, you will be referred to services elsewhere.

LEGAL ISSUES: In the event that any legal action is necessary on behalf of the client, the client will be billed $120 per hour (this is not covered by insurance).  This includes phone contact, client record reviews, and letter writing to the courts.  Because client confidentiality is of the utmost importance, it is highly discouraged that I be asked to participate in any court cases in which clients are involved. It is important that clients feel that therapy is a safe place where they can express themselves freely. As a result, it is my policy that I do not make custody or visitation recommendations in regard to child clients. If client records are subpoenaed, it is my policy that the least amount of client information is provided to the court to protect both client confidentiality and the therapeutic relationship. As a Licensed Professional Counselor in the State of Missouri, I am mandated by law to report any suspicion or disclosure of child or elder abuse or neglect, intent to harm oneself, or intent to harm another.

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS:  The undersigned parent or guardian/client has read and received a copy of the, Notice of Privacy Practices and Client Rights document.

CONSENT FOR TREATMENT: The undersigned parent or guardian/client has read the above information and gives consent to treatment as a client by Angie Hoffman, LPC.

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Signature of Client Date  
  
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Signature of Parental Guardian Date