



Licensed Professional Counselor
Registered Play Therapist

INFORMED CONSENT

Thank you for choosing Angie Hoffman, LPC. Today's appointment will take approximately 45 minutes. Treatment practices, philosophy, plan limitations, and risks will be discussed with you today. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

This document is intended to inform you of my policies, state and federal laws, and your rights as a client. Please read it carefully. When you sign this document it will represent an agreement between us.

CREDENTIALS AND EXPERIENCE: 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 a 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.

CONFIDENTIALITY: Your verbal communication and clinical records are strictly confidential, and I am committed to do everything possible to guard any information that you share with me. However, there are times when I am legally required to share information with others. Some exceptions to confidentiality include, but are not limited to the following:

1. I may share information such as diagnosis and dates of service with your insurance company to process your claims;
2. If I am informed of alleged or suspected physical or sexual abuse, then, by Missouri law, I am obligated to report this to the Department of Children and Family Services;
3. If you or your parent/legal guardian provides a valid, written consent to release information to a third party;
4. If the parent/legal guardian of a client under the age of 18 requests information about the client, and if I determine, based on the policies included in the Child Therapy Parent Contract, that disclosure of such information is appropriate and in the best interests of the client;
5. If you are a perceived threat to yourself or others (suicidal or homicidal thoughts with a plan);
6. If I am subpoenaed and ordered by a judge to testify or release client information; and
7. When otherwise required by law.

CONTACT POLICY/EMERGENCY SITUATIONS: If an emergency situation arises for which you or your parent or guardian feels immediate attention is necessary and I am unable to return your call within 15 minutes, you agree to contact your family physician, call 911, or go to the nearest emergency room for help and emergency services. You can also call the crisis hotline, Behavioral Health Response at 314-469-6644 or Life Crisis Services at 314-647-4357 for assistance. I will be happy to follow-up any emergency services with standard counseling and support to you and/or your family.

FEES, BILLING, AND PAYMENT: While your insurance may cover a portion or all of the applicable fees, you (not your insurance) are ultimately responsible for full payment of the fees to Angie Hoffman, LPC. If you authorize Angie Hoffman, LPC to keep your credit card information on file, I will apply the charges for each session to your credit card automatically unless directed otherwise. You may revoke this authorization at any time by submitting a written request.

