Client Consent & Agreement to Participate in Therapy

I have been given Compass Counseling Center’s client information materials and policies, which explain the concepts and process of therapy as well as other information pertinent to me as a new client with Compass Counseling Center. I have had an opportunity to read the client information materials and to ask any questions I might have, including:

1. **My Therapist’s Qualifications and Credentials**
2. **Counseling & Therapy with a therapist at Compass Counseling Center**
3. **The Risks of Counseling**
4. **My Rights as a Client**
5. **Payment and Fees**

I understand that insurance companies, HMOs, EAPs and other 3rd party payors may not cover or pay for the full cost of all therapy treatment and services. I accept responsibility to pay for all treatment and services rendered by my therapist and/or Compass Counseling Center on my behalf or on behalf of my dependent(s). I also understand that my failure to notify this office 24 hours in advance of any missed or canceled appointment may result in my being charged the full cost of the session. I agree to pay for all such charges except where specifically and explicitly excluded by contract between Compass Counseling Center and my insurer.

1. **Confidentiality**

I understand my relationship with my therapist is confidential and information about my therapy will not be discussed with anyone outside Compass Counseling Center without my advance written permission. I understand that by signing this agreement, I give permission to Compass Counseling Centr and to my therapist to release any information, including diagnosis and treatment of myself or my dependent(s), that may be required by my insurance provider, HMO, EAP, other third-party payer; the courts; the department of social services; my doctor or medical clinic; or other health care professional.

**I understand my therapist is required by law to reveal information about me or my dependent(s) obtained during therapy without my permission if and only if I or my dependent(s):**

1. threaten suicide or self-harm or threaten bodily harm to someone else,
2. have our records subpoenaed or ordered released by a court of law,
3. reveal information relative to child abuse or the neglect or abuse of a vulnerable adult,
4. are seeking counseling as a result of a court order.
5. **Emergencies**

I understand Compass Counseling Center is **NOT** a 24-hour crisis intervention practice. If I have an emergency outside of regular business hours, I may call ACCESS at 888-717-3333 or call 911.

**I have read and understand the materials and policies listed above. My signature below affirms that I agree to abide by the policies of Compass Counseling Center, and that I give my full and informed consent for myself or my dependent(s) to receive therapy with Compass Counseling Center:**

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Client Client Signature (or Parent/Guardian) Date