

The Power in Parenting

Changing Generations – One Family at a Time



CONSENT FOR TREATMENT

I am voluntarily seeking treatment using **ONLINE TECHNOLOGY** from Kim M Snyder, MS, LPC, a Licensed Professional Counselor at *The Power in Parenting*. I understand that there are no promises or guarantee concerning my treatment outcome. My therapist and I shall develop the treatment plan in accordance with my presenting problems.

CHECK EACH OF THE FOLLOWING ACKNOWLEDGING IT HAS BEEN READ:

- The fee per full therapy session (45-50 minutes) is \$120.00.
 - Sliding Scale (if applicable) _____
- All fees are to be paid ONLINE before each session begins at: ThePowerInParenting.com – there is a tab for paying for a session at the top left.
- I understand my therapist does **NOT** take insurance. Upon request, I will be given a receipt.
- If I need to cancel an appointment, I understand that a 12-hour notice is required, by phone call only. Should I cancel without this notice, I will be charged \$100.00.
- I realize that all personal information will be considered confidential and can only be released with my written authorization, unless there is “Duty to Warn.”
- No recording of any kind of the session is permitted unless mutual consent in writing is agreed upon both parties.
- In preserving the integrity of our working relationship, my therapist will not accept any invitations via social networking sites nor will my therapist respond to blogs written by clients or accept comments on my therapist’s blog from clients.
- During the initial consultation call, my therapist’s will assess if she can be of benefit to me and if counseling is suitable to be delivered via online technology. In sessions where I, one of my children or my spouse/mate or the therapist request a private session, the session location must be in a private setting, without recordings, or anyone with the ability to listen in to the conversation. When appropriate, the therapist may request her client to wear headphones for added privacy.
- If my therapist feels she cannot help me or she feels she is not being effective in helping me reach my therapeutic goals, she is obliged to discuss this with me, up to and including termination of treatment. In such a case, my therapist would attempt to give me referrals that may be of help to me.
- If I need to speak with my therapist between sessions to alert her of an emergency, please call 734-743-1758. Her call will be returned as soon as possible. Messages are checked daily (but never during the night time). Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, I may call the emergency

National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, I agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

Your signature below indicates that you have read and understand and agree to this Informed Consent.

Client Name (Print) Date

Client Name (Signature) Date

Parent or Guardian (print) Date

Parent or Guardian (Signature) Date