**Informed Consent**

The decision to begin counseling may impact significant areas of your life. When you enter therapy with a good understanding of what you are about to undertake, you are likely to achieve more favorable results. This form contains information to help you make informed decisions about the process of therapy, my services, and policies.

1. **Therapist qualifications and credentials**- I am a Clinically Licensed Marriage and Family Therapist in Missouri and Kansas. I am trained to diagnose and treat a wide array of presenting problems. I am a member of the American Association of Marriage and Family Therapists and the Missouri Association of Marriage and Family Therapists.
2. **Goals of the therapeutic relationship-** I work with the goals established by you. I may add therapist goals for therapy, which I would be glad to share upon request.
3. **Services the therapist can provide-** I provide therapy from a systemic frame of reference and work with adults, teens, children, couples and families on a wide range of issues. I utilize assessment instruments for relationships, personality inventories, career assessments, and check lists to screen for mental health issues. I will suggest and approach tailored to meet your goals and obtain your approval before proceeding. I will also inform you of any additional fees for assessment instruments. I am trained in hypnosis, and use hypnosis as one of my tools to facilitate change.
4. **Rights of the client-** In the event of an emergency, you may contact me at any time at 816-510-3209 by text or voicemail or email at carla.ingeborg@gmail.com. I will get back to you as soon as possible. I will inform active clients when I will be out of town. Every client has a right to terminate counseling at any time, however, please discuss termination or taking a therapy break during a regular session. You have the right to know your diagnosis and have it explained to you. I am bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapy (AAMFT). You have a right to request a copy. You have a right to discuss your treatment approach and refuse any treatment. You have a right to ask for an estimate of the length of therapy. You have a right to request a referral to another therapist.
5. **Behavior desired of the client-** I often make recommendations of things to do between sessions. Completing these should facilitate therapy and reduce the number of sessions needed. Please bring up any concerns that you have about therapy or about me so they can be resolved. Please be as open as possible concerning any issues that relate to your problems. Withholding information may cause therapy to take longer. Parents of minor children need to be involved in the therapy in order for therapy to be effective. Please give 24 hours notice if you will miss an appointment and need to reschedule.
6. **Risks and benefits of therapeutic procedures-** A benefit is that therapy may help you personally and with your relationships. Therapy may not itself resolve your problem. I will assess your progress with you periodically to ensure movement toward your goals. Another risk is that you may feel discomfort talking about uncomfortable topics, such discussions are intended to help you accomplish your therapy goals. An additional risk is that as one member of a family grows and changes it will affect all the relationships in that family.
7. **Financial considerations and arrangements-** The session fee is determined by ability-to- pay scale. The sliding scale is determined by combined household income as follows:

Under $50,000 per year $75.00 per session

$50,001 - $60,000 $85.00 per session

$60,001 - $70,000 $95.00 per session

$70,001 - $80,000 $105.00 per session

$80,001 - $90,000 $115.00 per session

$90,001 - and up $125.00 per session

I can issue a receipt, if you request it, that you may file with your insurance if you wish to seek reimbursement. You may pay cash, check, or credit card. There is a $50 fee for appointments cancelled with less than 24 hours notice, or for not showing up for a scheduled appointment. There is a $25 charge for all letters sent to physicians, employers, or schools. There is a fee of $150 per hour for Court Reports/Court Testimony including all required time to be present in court.

1. **Limits to confidentiality-** All information in therapy is confidential with some exceptions. In order to coordinate services with other entities, you and your family members may be asked to sign a written release. Other exceptions to confidentiality according to the laws of Kansas and Missouri state regulations are:
2. If you reveal the intent to harm yourself and/or others.
3. If there are reasons to suspect child or elderly abuse.
4. In legal cases, the court orders the therapist or your records.
5. **Technology policy statement-** I take precautions to ensure confidentiality of information transmitted through the use of computers, electronic mail, fax machines, cell phones, text messaging, voicemails, and other electronic or computer technology; there are still risks to privacy and the limits to confidentiality by these forms of communication.

**Email:** You may contact me via email, the intent of the email will be to communicate information for my use or to confirm an appointment. Please remember that email is not secure and you are putting your confidential information at risk if you use email to communicate personal information to me.

**Texting:** I recommend the use text messaging to be limited to confirming or changing a scheduled appointment time only.

**Social Networking:** Online social networking sites like Twitter or Facebook are not to be used as a means of communication with me.

**My signature indicates that I understand and agree with the therapist’s policies and give informed consent to receive therapy services from Carla M. Ingeborg. To be signed by all participating family members 12 years old and over.**

**I/we authorize Carla to release our name only to our referral source to thank them for our referral to her, unless the referral source is from advertising or an insurance company.**

**I acknowledge that I have received a copy of the therapist’s Notice of Privacy Practices.**

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Therapist Signature Date