

Anew Place Counseling Services, Inc.

Kevin Barwick, LCPC, MHT

Consent Form

PART 1: *What to Expect in the Therapy Process*

People enter into therapy for a number of reasons. Yours may be very similar to others, i.e. they have chosen this path in order to simply understand themselves better and/or find solutions to their problems. It will be important for you to understand that the therapy process involves hard work and determination on your part. From personal experience of my own growth, the process often times gets more difficult before it gets better. However, your efforts will be rewarded as you reach your personal goals and find new ways to resolve the impasses in your life.

In working to achieve your goals in therapy, the sessions will provide you with a safe, comfortable, non-judgmental environment, which fosters the need for confidentiality and respect. Using traditional, holistic and spiritual models, the process includes interactive dialogue and experiential approaches. This makes the therapy sessions much more conducive to learning and growing. You *will* be challenged, and often given homework as part of the process.

PART 2: *My Privacy Rights as a Client*

1. Confidentiality and privileged communication are strictly enforced within and without this therapy office. This will be so unless I give *written consent* that the information may be given to a said source.
2. I am aware that courts have held that the therapist is required to report to the proper authorities, *without consent*, any of the following situations:
 - a) if an individual intends to take harmful, dangerous or criminal action against another human being or against themselves; or
 - b) if any suspicion or report of child abuse in any form; or
 - c) if the court issues a legitimate subpoena for legal documentation.
3. I am aware that the therapist is also required by law to warn appropriate individuals of any threats and/or intentions to harm someone else which may have been disclosed during a session.
4. I may terminate my involvement in therapy at any time, without any moral, legal, or financial obligations other than those already accrued and/or previously specified. If I so desire, names of other qualified professionals can be given.

PART 3: *Fee Procedures and Length of Therapy*

1. I willingly and purposefully agree to enter into therapy with Kevin Barwick, LCPC, MHT. As above, I understand that I am free to terminate my therapy at any time.
2. I agree to pay the fee of \$_____ per each completed 50-minute session. Payments are made at the beginning of the session on the day of therapy.
3. Since appointment dates/times are diligently held for me, I understand that any cancellations need to be made at least 48 hours prior to the appointment. Otherwise a half fee will be charged for that missed session.
4. Short phone calls and/or emails between sessions are welcome. However, if a call exceeds 10 minutes, the prorated amount of a session will be applied.
5. Letters written on my behalf, such as assessments to the courts or schools, are sometimes necessary. Again, a prorated fee given the amount of time will be applied.

I have read and fully understand my rights and responsibilities as outlined on this form. I do hereby willingly give my consent.

Name/Date

Kevin Barwick, LCPC, MHT/Date

Name/Date