

## Consent for Treatment

**Welcome** to my practice. I am a licensed Marriage & Family Therapist (MFT) and Clinical Professional Counselor (CPC). I have been practicing since 2014. I am bound by the ethical codes of the Nevada State Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors. If you have a complaint about the services I provide, that we have been unable to resolve, you have the right to contact this board at 702-486-7388. I look forward to working with you and I will do all I can to facilitate and cooperate with you to make your counseling experience safe, positive, and productive.

### Confidentiality

The content of our sessions will be kept confidential, as well as all communication between us, except for the following circumstances:

- If I have reason to believe or if I suspect that a child, elderly person, or disabled person is being abused or neglected, I must file a report with the appropriate agency.
- If I believe that a client is threatening serious bodily harm to him or herself or another person, I am required to take protective action, which may include seeking hospitalization, contacting family members or others who can help provide protection, notifying the potential victim, and/or contacting the police.
- A judge may require my testimony and my case records may be subpoenaed. *You are entitled to a copy of your records and I advise you request one before signing any authorizations to release your records as part of a legal action.*  
**Please note,** I will make every effort to fully discuss the situation with you before taking any of the above actions.
- If you sign a consent to release confidential information.

### Communication Policy

Phone: I use my cell phone as my business phone and return calls within 24 hours. If I have not responded within 24 hours, please call and leave another message, as they are not always clearly retrievable.

Text & Email: Text and email are not considered secure forms of communication. If you choose to text or email me, it is important that you understand the risks. Texting and emailing are difficult to encrypt. Even when encryption is in place, messages can be easily forwarded, resent, or read by others for whom they were not intended. Additionally, email messages may be recovered from a hard drive even after deletion. I do not have encrypted email and therefore ask that, if you choose to email or text me, that you limit the content to appointment setting or administrative issues. I will not keep client phone

numbers in my phone and therefore ask, if you choose to text me, that you end your text message with your first name and last initial. I will respond to text and email communication only if you give your consent in the signature lines below specific to the forms of communication you choose. I reserve the right to terminate email or text communication if these guidelines are not followed or this form of communication is abused.

In the event of an emergency, please contact me by phone rather than email and if I am unavailable, please call 911 or go to the nearest emergency room.

**Professional Fees**

I accept cash, check, or credit card payments. I do not accept insurance at this time. My fee is \$65 per 50-minute session, unless otherwise agreed upon at the start of therapy. Payment is expected at the end of each session. If you need an adjustment to this fee, I will slide my fee according to your family income. Please address this at the beginning of the session or if there is a change in your finances.

**Scheduling**

I require 24-hour's notice for canceling or rescheduling appointments. A half-session-fee will be charged for last minute cancelations, missed appointments, or rescheduling without 24-hour notice. If you need to reschedule or cancel your appointment without 24-hours' notice, you will only be charged for half of your rescheduled or next appointment as well.

I authorize Tina Groves to contact me by:

- Text at cell phone # \_\_\_\_\_
- Email at email address: \_\_\_\_\_  
Client Signature \_\_\_\_\_
- I choose NOT to communicate electronically and wish to be contacted by phone at the following number: \_\_\_\_\_  
Client Signature \_\_\_\_\_

I consent to treatment with Tina Groves, MA, MFT-Intern, CPC-Intern

- Client Signature \_\_\_\_\_
- Parent or Legal Guardian Signature \_\_\_\_\_
- Parent or Legal Guardian Signature \_\_\_\_\_