



Family Therapy Center of Old Town
401 S. Washington Street
Alexandria, VA 22314

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks

Psychotherapeutic treatment involves therapy sessions that are provided in-person and through teletherapy (phone, web-based videoconference). These sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations, and/or aspects of your life are considered risks of therapy. If you have any concerns about your treatment, please discuss them with your therapist.

Limits of Confidentiality

What you discuss with your therapist is kept confidential. No contents of the therapy sessions, or any contact with your therapist, whether verbal or written, may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e., the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to their members.

Legal Proceedings

A court or attorney may request your information through a subpoena. We will consult with your attorney prior to releasing any information.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality, understand their meanings and ramifications, and consent to treatment.

Client Signature

Date

Parent/Guardian Signature (if client is under 18)

Date



Family Therapy Center of Old Town
401 S. Washington Street
Alexandria, VA 22314

Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 48 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not cancelled with 48 hours advanced notice, unless such cancellation is due to inclement weather, illness, or an emergency.

For cancellations made with less than 48-hour notice (unless due to inclement weather, illness, or an emergency) or a scheduled appointment that is completely missed, you will be mailed/e-mailed a bill directly for the full session fee. If you have signed a Credit Card Authorization, your card will be charged for the full session fee.

We appreciate your help in keeping the office schedule running timely and efficiently.

Client Signature

Date

Parent/Guardian Signature (if client is under 18)

Date