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603-769-1273**

Consent for Treatment

Therapy is a very personal experience. Your commitment to your own growth in this process will largely determine how much you will benefit from it. The following information will assist you in clarifying important parameters about your rights and responsibilities and your therapist's rights and responsibilities regarding the process of therapy. Please read this document carefully and discuss any questions you have before signing below.

1. LICENSE AND CODE OF ETHICS

Kim LaPlume is a licensed Marriage and Family Therapist, governed by the Code of Ethics of the American Association of Marriage and Family Therapists. Her license is displayed in her office.

2. QUALIFICATIONS AND SCOPE OF PRACTICE

Kim LaPlume received her Masters Degree in Clinical Psychology with an emphasis in Marriage and Family Therapy in 1994 from Pepperdine University. Her scope of practice includes individual psychotherapy for children, adolescents, adults, couples and families.

3. MENTAL HEALTH BILL OF RIGHTS

Pursuant to the New Hampshire Mental Health Bill of Rights, clients have certain rights. A copy of the Mental Health Bill of Rights is included with this form and posted in the office. Please review the bill of rights carefully and let me know if you have any questions.

4. DIAGNOSIS AND RECOMMENDED TREATMENT

As part of your treatment, we will discuss your diagnosis and work as a team in establishing a treatment plan including our estimate of the length of therapy to the extent that is possible. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

You should be aware that there are alternate types of services to those being offered here. You may prefer to obtain counseling from someone else. You also have the choice not to obtain any counseling services. There are also risks and benefits associated with alternative and with not pursuing any counseling. To the extent that you are interested in alternatives, you should discuss this with your counselor.

5. CONFIDENTIALITY

Your sessions are confidential. Information about your therapy cannot be released without your specific authorization. However, your therapist may be required by law to reveal information under specific limited circumstances. For instance, we are obligated to disclose information if there is a valid court order requiring us to do so. In addition, the privilege does not apply to a civil commitment proceeding in which the issue is whether the individual is a danger to self or others or when a client is seeking treatment related to workers' compensation claim. Records may be subject to an audit by regulatory authorities. It is also important that you acknowledge that phone conversations over cell phones are not secure and therefore may not be confidential. You should also be aware that many reporting laws create exceptions, as is discussed further below. As part of maintaining a valid license, we are required to regularly discuss cases with colleagues. We also obtain formal supervision in cases when we believe it is necessary. In these situations we do not disclose clients' identities. And, of course, colleagues and any formal supervisor are legally bound by confidentiality as well. By signing this document you are acknowledging that you understand that your case may be discussed in consultation and/or supervision and you do not object. Another exception to confidentiality, if the situation should arise, is contacting a collection agency should a client not pay for services rendered.

6. REPORTING REQUIREMENTS

Among the exceptions to confidentiality is New Hampshire reporting laws, which require licensed psychotherapists to report to the appropriate authorities certain, typed of conduct. For example, any person who suspects a child or incapacitated adult has been abused, neglected or exploited must report this information to state authorities. Licensed psychotherapists are required to warn the police or likely victims of a client's "serious threat of physical violence" to a person or property. There are also other reporting laws. If a person were a threat to him or herself, we would first attempt to notify family members. If we are unsuccessful with that then we will involve others, which could be the police or local ambulance or rescue unit. By reviewing and signing this document you agree that this policy is acceptable to you.

7. MINORS FOR PARENTS

Generally, the treatment of a minor child (under the age of 18) must be authorized by a parent or someone else with legal authority. Parental control over a minor's treatment includes the authority to access or release the child's otherwise confidential treatment records. Even parents without residential responsibility for a child retain decision-making authority over the child's treatment and treatment records unless a court has ordered otherwise.

When parents with decision-making authority cannot agree on access to or release of their child's confidential treatment information, a court will decide following a hearing. We believe it is best to identify and resolve potential parental agreements before treatment begins. Therefore, it is our policy to treat minors only with the consent of both parents to the extent both are available. If both are available but cannot reach agreement about treatment and access to records, it is the responsibility of the parents to resolve their difference through a court hearing prior to instituting treatment.

If one parent is unavailable and we determine that it is appropriate to proceed with the consent of only one parent, the absent parent will have a right to the child's treatment records upon request while the child is a minor unless there is a court order to the contrary. If continuation of treatment becomes an issue, it is the responsibility of the parents to resolve the disagreement in court.

Upon turning 18, the child gains control over treatment, information and records.

FOR MATURE MINORS

Because you are a minor (under the age of 18), we cannot treat you without parental consent. Parental control over your treatment includes their right to access and release your medical records.

In very limited circumstances, a minor may prevent parental access to treatment records through a court hearing. In the even you object to either parent having access to your treatment records, we encourage you to raise the issue with your other parent or with a guardian ad-litem, if one has been appointed.

8. COUPLES

Treatment records of couple's sessions contain information about each person. Both clients should be aware that either person has a right to obtain treatment records unless both clients agree that treatment records will only be released by joint consent.

9. COURT ORDERED TREATMENT

If you are seeing someone due to a court order requiring you to seek treatment, is our policy that we not proceed with treatment until we receive a copy of the court order and have had an opportunity to review it. Because you have been ordered by the court to obtain treatment, there are limits on confidentiality in addition to the ones described in paragraph 5 entitled Confidentiality. For example, we may be obligated to file a report with the court that ordered you to seek treatment or with someone else.

10. PROFESSIONAL BOUNDARIES

Licensed psychotherapists are obligated to establish and maintain appropriate professional boundaries (relationships) with present or past clients (and, in some cases, client's family members). For example, therapists should not socialize or become friends with clients and should never become sexually involved with clients. Therapists cannot have a dual relationship nor can there be a conflict of interest, such as bartering for services as this can jeopardize the therapeutic relationship.

11. CONCERNS OR COMPLAINTS

If you have any complaints with the treatment you have received, feeling that I have gone outside the legal and ethical boundaries described above or about billing, you should not hesitate to raise them with me. You may also contact the New Hampshire Board of Mental Health Practice, 49 Donovan Street, Concord, NH 03301, 603-271-6762.

12. COST OF PROFESSIONAL SERVICES

The fee for a 45 to 50 minute session of psychotherapy is currently \$95.00. Please have your check ready at the beginning of the session so that time will not be used for fee payment. I employ a sliding scale to assist those clients who are not able to pay the

standard rate. If your financial circumstances improve while you are paying the adjusted fee, your fee will be renegotiated. Should financial problems arise during your therapy it is possible to negotiate an adjusted fee. I agree to pay _____ per session of my therapy. (no insurance being utilized) Otherwise, I agree to pay my co-pay of _____ per session. If the insurance company refuses payment of services, I agree that I will then be responsible for payment of services.

12A. CANCELLATION POLICY

You must give 24 hours notice, minimum, if you are not going to be able to make your scheduled appointment time. This is a courtesy to your therapist, so that she can arrange another client for that day if necessary, or know that this time is open for any emergency appointments that may be necessary. The insurance company will not pay for late cancellations. There is a \$50.00 fee for missed appointments without 24-hour notice.

13. LIMITS OF SERVICE

Unless specifically agreed to otherwise, our role is to provide psychotherapy services, not to assess fitness for custody, service as an advocate on other issues or act as an expert witness.

14. CHARGES FOR ADDITIONAL SERVICES

In the event you request or require me to provide ancillary professional services relating to my role as your (or your child's) therapist, such as preparing a treatment summary, report writing, deposition or trial preparation and attendance, travel time, etc., you agree to compensate your counselor, in advance at the rate of \$150.00 per hour.

15. LIMITS OF AVAILABILITY AND EMERGENCY COVERAGE

. If you are experiencing a life threatening emergency you should go immediately to the closest emergency room, or dial 911. For non-emergencies, you may call the cell phone, 603-769-1273 and leave a voice mail if I am not available. I generally check messages several times a day. In the event of a serious emergency, where you cannot reach me on my cell phone after regular work hours, and the issue at hand cannot wait until the next morning, you can call my emergency number, which is 603 -413-6763.

16. PROFESSIONAL RECORDS

The office maintains a file for each client or set of clients. This includes intake, diagnosis, treatment plan, billing, consent to treatment and treatment notes, discharge summary and any other written or electronic information received from or about the client. Treatment notes include the date and time of each session and a brief summary of key facts and issues discussed as well as treatment recommendations. The client (or parent) is entitled to a copy of the records for a fee, which covers copying and administrative costs. If you wish to see a copy of your records, I recommend that you review them with your counselor so that you can discuss the contents. You will be billed your normal session fee (or a portion thereof) for time spent with your counselor reviewing the records with you.

ACKNOWLEDGEMENT AND ACCEPTANCE

My signature below indicates that I have read and understand the informed consent document, have been offered a copy of it, and agree to abide by its terms.

Signature

Date

Signature

Date