

Thrive Counseling Center Policies and Practices

I will protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that counselors will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable and imminent harm to a client or other identifiable person (i.e., if client is a danger to self or others and in case of suspected elderly/child abuse). In all instances, I will disclose the least amount of information necessary to achieve the desired purpose.

A typical counseling session is 50 minutes, unless otherwise specified. You are agreeing to pay my full rate, unless you qualify for a sliding scale fee. If it is necessary for you to cancel or reschedule, an appointment notice of cancellation must be made at least 24 hours prior to your scheduled appointment time or you will be billed for the set appointment fee.

I am committed to providing quality comprehensive behavioral health services. These services are intended to increase independent functioning and improve client's quality of life, but there are risks to therapy. There are no guarantees that you will receive the benefit you are hoping for, and there is the risk that things will change in your life (relationships, job, emotions, etc.) that cause negative impacts. The client is ultimately responsible for these changes.

If I don't hear from you after 60 days of your last appointment, I will consider your case terminated, and you will not be considered my client unless you reach out to me and initiate sessions again.

I will communicate with you regarding the scheduling of appointments, billing, and termination by the following non-secure ways (email, text, voicemail). Your signature acknowledges that you have been informed of the risks and limits to confidentiality with technology.

The signatures on this page indicate that the signor authorizes consent for active behavioral health treatment and understands these policies and practices.

Client(s)

Guardian (if client is minor)

Date