**READY COUNSELING SERVICES**

**CLIENT CONSENT FORM**

**COUNSELING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

**CONFIDENTIALITY:**

**All interactions with Ready Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. Your notes are held in a HIPPA compliant electronic health record which are accessed only by staff of Ready Counseling Services. It is only shared for billing purposes or exclusions below. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.**

EXCEPTIONS TO CONFIDENTIALITY:

• If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.

• A court order, issued by a judge, may require the Ready Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.

We appreciate prompt arrival for appointments. Please notify us at 518-930-3673 if you will be late. Twenty-four hour notice of cancellation allows us to use the time for others.

**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of Ready Counseling Services.**

 **\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature of Client Signature of Therapist*

*Date*