

Eric Hyde Counseling, LLC.

Eric Hyde, MS, LPC
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CONSENT FOR TREATMENT

Welcome to my practice!

This document contains important information about my services and business policies. Please read this document carefully and jot down any questions you might have so that we can discuss them at our first meeting.

PSYCHOLOGICAL SERVICES

Counseling is not easily described in general statements. It varies depending on the personality of both the client and the therapist, as well as the particular problem being addressed. There are a number of different approaches that can be utilized to address the problem you hope to resolve. Participating in psychotherapy is not like visiting a medical doctor; counseling requires a very active effort on your part. In order to be most successful. You will have to work on things we talk about both during and after our sessions.

Counseling has both benefits and risks. Risks sometimes include an increase in symptoms for a few sessions as problems are being explored, particularly during EMDR therapy. Counseling often requires discussing unpleasant aspects of your life. Counseling has been shown to have positive benefits for individuals who undertake it. Counseling often leads to significant reduction in feelings of distress, better relationships, and resolutions of specific problems. However, there are no guarantees about what specific benefits you might experience.

Initials: _____

CLIENT RIGHTS

You have the right to ask questions you may have about the process, methods, duration, and goals of services; the right to discuss any concerns you may have about the progress in counseling; and the right to terminate services if you feel you have accomplished your goals or are not making progress.

Initials: _____

CONFIDENTIALITY

One of your most important rights involves confidentiality. Within certain limits, information revealed during counseling will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. However, there are certain legal and/or ethical limits to

confidentiality which require a counselor to reveal information obtained during counseling to other persons or agencies, without the client's permission. Limits to confidentiality include the following:

1. If a client threatens grave bodily harm or death to another person, a counselor may be required to inform appropriate legal authorities and the intended victim.
2. If a client expresses a serious intent to grievously harm him/herself, it may be necessary for a counselor to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect the client from harm.
3. If a court of law issues a legitimate subpoena or court order, a counselor is required to provide information that is specifically described in the document.
4. If a client is being evaluated or treated by order of court of law, the results of the evaluation or treatment ordered must be revealed to the court.
5. If a counselor has a good reason to suspect that a child is a victim of physical abuse, sexual abuse, or neglect, these suspicions must by law be reported to the Department of Human Services.

Initials: _____

MEETINGS

My normal practice is to schedule 50-minute sessions, once per week or every other week at a mutually agreed time. Once this appointment is scheduled you will be expected to pay for it unless you provide 24 hour advanced notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment.

Initials: _____

PROFESSIONAL FEES

My standard session fee is between \$90-\$120, depending on services requested. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require, such as report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, or the time required to perform any other services which you may request of me.

Initials: _____

I certify that I understand the contents of this document, and in accordance with this document I give my consent for counseling services.

Client Signature

Date

Counselor Signature

Date