

EVA VAN PROOYEN

MARRIAGE & FAMILY THERAPIST

INFORMED CONSENT FORM

Treatment

Welcome to my practice. It is my intention to provide services to assist you in reaching your goals based on the information you provide and specifics of your situation. Participating in therapy can result in a number of benefits to you. Working toward these benefits may involve discussing relationships, psychological, and/or emotional issues that may at times result in change and/or bring on strong feelings. You have a right to know the content of your records and I have the right to provide you with the complete records or a summary of their content. You have the right to discontinue therapy at any time, and it is advised to have a plan for termination. You are entitled to receive information about my methods of psychotherapy and procedures used in the course of your therapy. If I feel I am unable to assist you adequately, I reserve the right to suggest a treatment alternative including: a referral, change in treatment, or termination your therapy.

Confidentiality

Our work will be completely confidential. I am bound ethically, legally, and personally to that principle. Information presented by you during the course of therapy will be kept completely confidential and will not be revealed without your written permission. Legal exceptions to confidentiality are in place to protect your safety and the safety of others. These situations include: when there is reasonable suspicion or report of of child, elder, or dependent abuse/neglect; and where a client reports or presents a danger to self, to others, or to property.

I practice a "no-secrets" policy when working with couples, which means I consider the relationship to be my client and confidentiality does not apply between the couple. Any information given to the therapist of which one partner is unaware will not be held in confidence, unless mutually agreed upon under rare circumstances involving personal safety. For couples work, both partners must be present for all sessions and included in all correspondence.

Emails and Texting

Many clients enjoy the convenience of emailing and texting as a form of communication with me. I welcome this as long as you understand that neither is 100% secure in terms of confidentiality.

Litigation Limitation

Due to the sensitive nature of the therapeutic process which often involves disclosing matters of a confidential nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of psychotherapy records be requested.

Fees/Payment/Insurance

My fee for individual therapy is \$300 per 50-minute session and \$400 per hour for couple work. Longer sessions are prorated at the same rate. Payment may be made in cash, credit card, or check made payable to Eva Van Prooyen, MFT. I do not take insurance, but I am happy to provide you with a monthly statement/superbill of services for you to submit to a third-party of your choice for reimbursement of fees already paid if you choose.

Cancellation

When you schedule a session, that time is reserved solely for you. For that reason, a minimum of 24-hours notice is required for rescheduling or cancellation of an appointment, or you will be charged the full fee for the session.

Office Hours and Telephone Calls

My office hours are 9 am to 5 pm, Monday through Friday. My confidential business line is available to you 24-hours a day. If you need to contact me between sessions, please leave a message or send me an email. I charge for conversations lasting longer than 10 minutes. I make every effort to return calls within one business day. I do not provide 24-hour assistance. If you need emergency assistance, please call 911 or go to your nearest medical emergency center.

Emergencies

As a therapist in private practice, I do not provide 24-hour emergency services. If you feel unsafe or require immediate medical or psychiatric help, please dial 911 or go to your nearest medical emergency center. An emergency is an unexpected event that requires immediate attention and can be a threat to your health.

Consent for Treatment

I/We, _____
authorize and request Eva Van Prooyen, MFT, to carry out psychotherapeutic examinations, diagnostic procedures, and/or treatment, which now or during the course of my care as a client are advisable. I have read and fully understand the above Informed Consent and office policies.

Your signature indicates you have read this agreement for services carefully and understand its contents and agree to participate in treatment within the guidelines set forth here.

Client's Signature Date

Client's Signature Date

Parent/Guardian's Signature Date

Therapist's Signature Date

