

**Maddie Haddock, MSW, LCSWA
CONSENT FOR SERVICES**

Client Information

Full Name:	
Date of Birth:	Age:
Address:	
Home Phone:	Mobile Phone:
Email Address:	
How were you referred? (Please be specific)	

BUSINESS POLICIES AND CLIENT AGREEMENT

Welcome to our practice! And thank you for entrusting me to help you with your concerns. It is my hope that I will provide a safe and trusting relationship in which you may work through you concerns and feel more hopeful. This agreement contains information about my professional services and business policies. It is asked that you review and sign this document before coming to your first appointment. Please read carefully, and sign and date the last page. Taking care of the business policies ahead of time allows me to focus on you when you arrive for your first session.

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

Confidentiality:

- I. **Purpose.** The purpose of this Confidentiality Agreement is to protect the identity and privacy of you as a client. All interactions with your therapist, including scheduling of or attendance at appointments, content of your sessions, progress in therapy, and your records are *confidential*, meaning they will stay between you and your therapist. Confidential client information will never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information will never be shared or released to third parties, except under the Terms outlined below.

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Confidential information includes, but is not limited to, the following:

1. Identifying information about the client, including name, address or phone number;
2. Information relating to the client's family;
3. Information regarding the client's immigration status;
4. Information about the abuse, trauma, and/or persecution experienced by the client; or
5. Any other information that would identify the client or potentially place the client and/or family members at risk.

II. Terms of EXCEPTION to confidentiality include:

- As a Licensed Clinical Social Worker – Associate (LCSWA), I am legally required to provide therapeutic services under the direction of a supervisor. There are times in which I may consult with my trained supervisor to determine the best possible care. These consultations are for professional and training purposes.
- 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.
- North Carolina state law requires that social workers and therapists who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require your therapist to release information contained in records and/or require a therapist to testify in a court hearing.
- If the client signs an official HIPAA form approving the release of confidential information to certain designated parties.

Phone Messages: During regular office hours calls are answered by office staff or me, when not in session. In the evening, calls will go to voicemail. I attempt to return calls within 24 hours. However, if you call and do not receive a call back within 24 hours during the work week, please call again. If you leave a message to cancel an appointment, I will leave it up to you to call back when you are ready to reschedule.

Email: Emails should contain non-urgent matters only. If you are experiencing an emergency, my private voice message has information on how to contact me after hours. If it is a dire emergency, call 911 or go to the closest emergency room.

Dual Relationships: Per the Code of Ethics laid out by the National Association of Social Workers, it is ethically wrong for me to engage in any dual relationship with a client. That means that I cannot provide for-profit therapeutic services to family members or friends. It is also my policy not to engage in any kind of romantic entanglement with any potential, current, or former clients. This not only includes in-person encounters (both inside or outside of the office), but also includes online interactions.

Social Media and Text Messages: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). As a general rule, I do not accept text messages. Adding clients as friends on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

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Ending Therapy: Ending therapy may occur at any time and be indicated by either the client or the therapist. If you are unhappy with therapy, please share your concerns and perhaps changes can be made to make therapy more helpful to you. Generally, therapy ends when you have accomplished the goals you established at the beginning of therapy. If you stop attending sessions, I generally do not call out of respect for your choice. Do not interpret not receiving a call as me not caring about you. If you decide at a later date that you are ready to become involved in therapy again, please feel free to call and ask to resume therapy. I understand that sometimes it is just not the right time to devote the energy necessary for successful therapy.

Rates:

Service	Rate
Individual therapy sessions (in person)	\$100/hr
Individual telemental health sessions	\$100/hr
Immigration-focused assessment	\$1,200
Therapy Treatment Summary	\$300

Cancellations and No-Shows: There is a charge for missed appointments and appointments cancelled with less than 48 hours' notice. This charge is the sole responsibility of the client. Clients are most successful in therapy when they find a way to make it one of their priorities, and committing to a set schedule helps clients prioritize this time for personal growth. The full fee is charged for intake, therapy, and consultation appointments that are missed or cancelled less than 48 hours in advance. However, there will be no charge if: (1) you are ill, (2) you experience an emergency, (3) driving conditions are hazardous because of inclement weather.

I have read and discussed the above information with my therapist. I understand the risks and benefits of therapy, the nature and limits of confidentiality, and what is expected of me as a client. I agree to the statements herein and terms of payment. If the client is a minor, I certify that I have the legal right to consent to treatment.

Signature of Client

Signature of Therapist

Maddie Haddock, LCSWA

Date