

## Annie Heartfield Hartzog, MS, LPC

### Confidentiality and Exceptions

Welcome to my private practice! I believe in your right to privacy. With few exceptions, information about you will be strictly confidential and will be released only if you have given permission. Please read every portion of this document carefully and sign below indicating that you understand what you have read, and that you agree to these terms.

Due to legal and ethical restrictions, the only exceptions to strict confidentiality are:

1. If I am concerned that you are in serious danger of harming yourself.
2. If I am concerned that you are in serious danger of harming others.
3. If you tell me about abuse or neglect of a child.
4. If you tell me about abuse or neglect of an incapacitated adult.
5. If court-ordered, certain information may have to be released.
6. If you give written permission to release information.
7. If a medical emergency occurs while you are with me.

### Informed Consent

Therapy can carry certain benefits, risks and limits, for example:

**BENEFITS:** Thoughts, emotions and actions which have interfered with your personal functioning or your relationships may be resolved or lessened. You may experience greater satisfaction from your daily life and interactions. This may lead to greater maturity and growth as a person. You also might learn to kick ass and take names (just checking to see if you are really reading this :-)

**RISK:** Therapy may arouse unpleasant thoughts or feelings. Part of my job is to help you deal with that, however, your thoughts and feelings are ultimately yours alone, and it is important that you understand and accept this truth if you are to have lasting, transformative benefits from therapy. And why do it, otherwise??

**MEDICAL LIMITS:** For crisis or emergency, please call 911 or other appropriate emergency services such as COPES (mental health), at 918-744-4800. I do not provide emergency services of any kind.

**CONSULTATION:** While information will not be released without your permission, my colleagues and I sometimes confer. Each professional is bound by confidentiality according to the ethical codes of the American Counseling Association (ACA) or the American Psychological Association (APA).

**TERMINATION/REFERRAL:** If for any reason it should appear that my services may not be appropriate, I will provide referrals and terminate services.

**FEES/SCHEDULING:** Fees are \$100 per individual session and \$150 for couples, families and groups. Sessions are approximately one hour long. If you wish to cancel or change an appointment, please do so at least 24 hours in advance of our reserved time or a fee will be assessed for the session. See "Fee Agreement" for more.

I certify that I understand the contents of this document, and I give my consent for services as described.

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_