

Barbara Hudson M.Ed.

3500 Lakeside Court #212
Reno, NV 89509
775-722-6272

Consent for Treatment

~I am a licensed in Nevada as a Marriage and Family Therapist and a Licensed Clinical Alcohol and Drug Counselor and these boards regulate the **code of ethics** I am bound to follow. If you have a complaint about my services that we have been unable to resolve between us you have the right to contact the Nevada State Board of Marriage and Family Therapy Examiners and file a complaint.

~I am required to keep the content of our meetings **confidential**. There are three **exceptions** to this rule-

1) You report child or elder abuse or neglect to me.

2) You disclose that you plan to harm yourself or another person.

Under either of these two circumstances I must contact law enforcement, child or adult protective services, or any person I deem necessary to prevent harm.

3) I am court ordered by a judge to release my records for a legal proceeding.

You are entitled to a copy of your records and I advise you request one *before* signing any authorizations to release your records as part of a legal action.

~My customary **fee** is \$160 per hour. I expect payment at the time of the session. If you need an adjustment to this fee I will slide my fee according to your family income. Please ask about this at the start of therapy, or if there is some significant change in your financial circumstances.

~If you wish me to bill your **insurance** company please sign the Authorization to Bill Insurance form which is separate from this Consent for Treatment.

~My cell **phone** is my business phone. I usually return my calls within 24 hours on weekdays. If I do not return your call within 24 hours then please call again and leave another message- some messages are garbled by poor cell connections. If you want to send me a text message please sign your first name and last name initial. I don't keep client names in my phone, so texts show only the number from which the message was received. Please initial here if you agree to allow me to send **appointment reminders** via text message. _____

~I will respond to you via **email** if you contact me, but I will not initiate contact through email. I do not encrypt my email, so be advised that your messages could be accessed by other persons at your work or home, or by persons hacking into your/my mail. Therefore, if you wish to communicate via email or **text message** the content should be limited to requests regarding appointments, insurance, or other administrative issues. Personal thoughts, letters, journal entries, or homework assignments should be sent via the U.S. Postal Service or delivered in person. I will keep them in a secure place with the rest of your file.

~If you have an **emergency** please be advised that as a sole practitioner I cannot always respond to an emergency call immediately. I am often in session and unable to answer the phone. I also do not routinely answer my phone between the hours of 9pm and 7am. If you need to talk to me as soon as possible please call my number and *leave a message*- then call again *within three minutes of your first call and leave another message*. This will alert me to the urgency of your call even after 9pm. Please do not contact me by email or text message in an emergency- only by phone. If you need advice regarding a life-threatening situation, and I am not available, call 911 or go to your local emergency room.

~If you need to **cancel** or reschedule an appointment please contact me as soon as possible. If you fail to cancel within 24 hours of your appointment time you will be charged \$50. I will charge this amount to your credit card on file with my office. I will always let you know if I'm going to do this. Insurance will not cover cancellations.

~We may run into each other in **public**. It is my policy *not* to greet you first as this could compromise your confidentiality. If you wish to acknowledge me in public I will always respond in kind, but will always allow you to initiate the contact.

~Please let me know if you have any **questions** about how therapy works, about something I've said, or any issue you feel concerned about in regards to our relationship. Your feedback is the best information available to me about how I'm performing as a therapist.

~Your signature below indicates that you agree to the terms of this consent. Please print your name(s) below your signature(s). Multiple signature lines are for couples being seen together.

Signature _____ Date _____

Signature _____ Date _____