

# Ginny Winn MFT

LICENSED MARRIAGE AND FAMILY THERAPIST

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## CONSENT FOR TREATMENT

Welcome to my practice. Psychotherapy can be an extremely rewarding experience and it is important to understand some of the things you can expect as we begin working together. The following guidelines should help. Should you ever have any questions or concerns about the information contained in this consent, please do not hesitate to share them with me.

## CONFIDENTIALITY

Communication between therapist and client is both privileged and confidential. This means that I cannot discuss your case orally or in writing with anyone. Our communications will remain confidential unless you request otherwise by signing a "Release of Information". There are certain exceptions to this, which I have listed below. A psychotherapist has an ethical and legal obligation to break confidentiality under the following circumstances:

- a. If there is a reason to believe there is an occurrence of child, elder, or dependent abuse or neglect.
- b. If there is reason to believe you have a serious intent to harm yourself, someone else, or property by a violent act you may commit.
- c. If you introduce your emotional condition into a legal proceeding or I am subpoenaed to give testimony.

## FEES/APPOINTMENTS/MISSED SESSIONS/PHONE CALLS

The fee for a normal 50-minute session is \$185.00 payable at each session unless we have made other arrangements. I accept cash, checks, PayPal and Credit Cards. Your fee will be \$ \_\_\_\_\_

Please make checks payable to Ginny Winn.

We will decide together upon a specific day and time for your session(s). I will set the time aside for you and will not give your time to anyone else. To avoid paying for missed sessions I require 24 hours advance notice if you are unable to keep your appointment. In case of emergency, I will try to reschedule you for that week.

## CLIENT RIGHTS AND RESPONSIBILITIES

In addition to your right to confidentiality, you have the right to end your therapy at any time, for whatever reason, without any obligations except for the fee already incurred. You also have the right to question any aspect of your treatment and expect that I will maintain professional and ethical boundaries with you, not entering into any personal, financial or professional relationships with you, which could compromise the therapeutic relationship.

Please sign this consent for treatment, indicating that you have read, understand, and agreed to the above.

Name of client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

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