



Therapy Solutions
 1679 6th Ave W
 Dickinson, ND 58601-2647
 Phone: 701-483-1000 | Fax: 701-483-1001

Informed Consent Form

1. Emergency Management between sessions was discussed. After Hours Emergency contacts were given to the client.
2. Therapist is a Mandated Reporter
3. Therapist has a Duty to Warn
 - a. Exception: If a minor age 14 to 18, discloses alcohol/drug use, to his or her therapist, Federal Rule (42 CFR Part 12) prohibits a Therapist from disclosing knowledge of drug/alcohol use to a guardian.
4. Client was informed of Confidentiality, Privacy, Security of sessions and records
5. Diagnosis, treatment, duration, risks and benefits and alternative options have been discussed.
6. Client was informed not to send E-Mails that are confidential or urgent information to their therapist's via e-mail. If there is an urgent matter, they were informed to call the office number or the emergency numbers that were discussed
7. Client was informed of the \$50 cancellation fee.
8. Client was informed of the Walk Talk Therapy Policy.
9. If you are seen in the community, you will not be acknowledged due to breach of confidentiality
10. Social Media Policy – Therapy Solutions Staff will not interact with clients through social media
11. Client may not record session without written consent of the Therapist
12. I acknowledge, understand and consent that there is a security camera in the therapy room and have been informed that there is no audio. The video is confidential and not viewed by anyone unless there is a discrepancy about conduct in the session.

Minor Children

13. In the case of a child/minor as the primary client; the therapist's primary responsibility and goal is treatment of the identified child. Our role is limited to providing treatment. Parent/guardian shall not attempt to gain advantage in any legal proceeding relating to care and custody of the child from therapeutic treatment of your child. Therapist will not be able to give any opinion regarding custody, visitation or legal issues. If court is a possibility, the therapists' appearance in court may cause a threat to the therapeutic relationship and the minor's treatment. Therefore, the therapist will refrain from appearing or speaking at court.
 - a. If both parents have joint custody and both have decision making rights, than the presenting parent who brings the child to therapy, declares that they have informed the other parent of their child's therapy.
 - b. If the parents both have decision making authority and they disagree whether therapy is needed, Therapy Solutions will not see the children, until both parents have resolved the issue.
 - c. If the presenting parent insists they have the legal right to consent to their child's continued treatment without consent of the other parent, they will be required to provide documents to support that.

My signature indicates I was informed of the information above and agree with the information stated

Client Signature:

Date

Guardian Signature (if applicable):

Date