Laura Piatt, LLC dba Piatt Counseling Services

3917 E. Memorial Rd, Bldg. A

Edmond, OK 73013

405-990-9515

MA Professional Counseling, LPC

**INFORMED CONSENT:**

Please read the following carefully. You will be asked to sign at the end of this form to verify that you have read and understand the contents.

This agreement is for counseling services between Laura Piatt and the client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall govern the professional relations between the parties.

Laura Piatt is currently a professional counselor licensed by the state of Oklahoma. New Path 12:2 is **NOT** responsible for the care of clients seen by Laura Piatt.

**CONFIDENTIALITY:**

The confidentiality that you share with me will be carefully guarded. I abide by the state of Oklahoma law requiring all incidences of reasonably suspected child abuse, elderly abuse, or personal harm (i.e., suicide) to be reported to the Oklahoma Department of Human Services and/or the local police department. If a client intends to take harmful, dangerous, or criminal actions against themselves or someone around them, this too will be reported. Also, I may find it helpful to consult about your case with other professionals. Even in these situations, I do not reveal the identity of my client. The consultant will keep the information confidential. In addition, if we should meet in public, I prefer that you decide whether or not to disclose our acquaintance to others.

\*Minors must have parental consent for counseling except in case of active duty armed forces.

**AVAILABILITY:**

My desire is provide the highest level of service to my client both inside and outside of our sessions. For scheduling and non-emergency situations, I do provide personal cell phone number (405.990.9515) with the understanding that in order to maintain professional and personal boundaries the client can attempt to contact me during typical business hours 8 a.m.-5 p.m., Mon-Fri and leave a message. I will contact the client as soon as possible. In the case of emergency or in my absence, contact 911 or go to the nearest emergency room.

**APPOINTMENTS:**

Appointments are 50 minutes long and are scheduled at the end of each session. If you have made an appointment you cannot keep, please call my cell phone as soon as possible to reschedule. Please make cancellations 24 hours in advance of a scheduled session. If a cancellation has not been pre-arranged 24 hours in advance, the session is a loss for someone else wishing to use that time, therefore, you will be charged the regular fee for that non-canceled or no-show appointment.

Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES/PAYMENT:**

I do **NOT** accept insurance and private pay is expected to cover counseling fees. For the counseling work I will do with you, we will contract for a fee of $120 per session or $500 pre-paid for 5 sessions to be paid by check, cash or credit card to Laura Piatt. All session fees are non-refundable. By signing this agreement, you understand that you are fully responsible for all fees.

Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMED CONSENT:**

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. If I feel the client needs to see a licensed professional for an issue that is out of my scope of practice or competence, I will refer them immediately.

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , have read and understand the content of this form.*

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_