

ANTHONY HAMPTON LISW-CP

ADDICTIONS COUNSELING | THERAPY | YOGA

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Informed Consent Contract

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

ADDICTIONS COUNSELING AND PSYCHOTHERAPY SERVICES

Addictions Counseling and Psychotherapy are not easily defined. Therapeutic Strategies, Treatment Modalities and Targeted Interventions vary depending on the personalities of the therapist, the client, and the particular problem(s) brought forward. There are many different methods I may use to deal with the problems that you hope to address. Effective Addictions Counseling and Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Addictions Counseling and Psychotherapy can have great benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, Counseling or psychotherapy can be the very thing that facilitates gaining personal insight, becoming “un- stuck” and experiencing a more meaningful and rewarding life experience. Therapy often leads to better relationships with self and others, solutions to specific problems, and significant reductions in feelings of anxiety and depression. However, there are no guarantees of determining your experience.

In most cases, I like to schedule clients for 2-4 consecutive weekly sessions during our initial phase of Counseling/Therapy. This initial phase essentially allows me time to thoroughly evaluate your needs, goals, and objectives. This also gives us time to determine if we are a good fit for one another. By the end of this evaluation period, I will be able to offer you some first impressions of what our work will include and at least a general treatment plan to follow. You should also take this time to evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should feel good about the commitment you are considering and the therapist you choose. If you have questions about my process or procedures, we should discuss them whenever they arise. If your concerns persist, and you choose to end our professional relationship for any reason, I will be happy to refer you to another counselor or therapist they may be a better fit for you.

PROFESSIONAL FEES

My fee is \$140.00 per 50 minute session. You must provide minimum of 24 hour cancelation notice or be subject to the full cost of the session. A credit card will be kept on file to ensure this policy is upheld. Therefore, it is critical that we communicate about any and all scheduling conflicts in advance.

BILLING AND PAYMENTS

You will be expected to pay for services at the end of each session unless other arrangements have been made in advance. Payment schedules for other professional services will be agreed to if and when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a secure voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it. If possible, please inform me of the best time to reach you when you will be available. If you are experiencing a medical or psychiatric emergency, please contact 911 immediately. On occasions when I'm out of town and/or will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request minors sign a Release of Information document allowing me to provide limited information and progress reports to guardians and/or parents. My commitment is to provide only general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete upon request. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Print Name: _____

Client Signature: _____ Date: _____

LIMITS of CONFIDENTIALITY

Your confidentiality is protected by law, with the below stated exceptions:

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety. This would include notifying the legal authorities as well as making reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor's health records.

Insurance Providers: Claims filed both in and out of network require and request information which includes description of impairments,

dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand the above stated limitations to confidentiality.

I accept the subsequent ramifications should there be a need to act on one of the above stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form.

Print Name:

Client Signature:

_____ Date: _____

