

Pathways Therapy and Wellness Center

2298 W Horizon Ridge Parkway, Suite 201
Henderson, Nevada 89052
(702) 363-7284, Fax (702)-242-5252

DISCLOSURE STATEMENT

Confidentiality:

My professional code of AAMFT ethics prevents me from disclosing information that is shared in therapy or releasing information without your written consent. I cannot guarantee the confidentiality of other participants who are involved in your therapy process. The only exceptions to confidentiality are stated in the family therapy rights section of this disclosure statement.

If you are participating in couples or family counseling sessions, understand that all information shared in a joint session is open to all participants. Any information shared in an individual session is kept confidential with exception of behaviors that are damaging to the relationship. If this occurs the therapist will address this behavior in the couples session.

I understand that in accordance with the standard policies of Pathways Therapy & Wellness Center, all cases are staffed under clinical and administrative supervision with qualified supervisors for the purpose of ensuring the best care possible. The content of staffing is held confidential.

Fee Schedule and Financial Policy:

Sessions are 50 minutes long. The charge per session will be determined at the time of your initial appointment. Sessions that run over 50 minutes will be billed in 10 minute blocks of time, according to the same rate. Any time incurred due to court proceedings, which includes court preparation time and testifying will also be billed at \$125.00 per 50 minutes. Also, any time used to prepare reports that are requested will also be billed according to the same rate.

I do not provide phone sessions in my practice, therefore any phone discussions with a duration time over ten minutes will be billed according to the hourly rate.

Cancellations:

Your appointment time has been reserved for you because your time is valuable. You may call and leave a message on my voice mail to cancel prior to your session. Sessions must be canceled within a minimum of **24 hours** prior to your scheduled appointment. Should you choose to not call within 24 hrs to cancel an appointment and do not show up

for your scheduled time, you will be charged the **full fee.** **Please note, I do enforce this policy.**

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Your rights as a family therapy consumer are:

1. To receive information concerning the methods of therapy employed, the techniques used, the duration of therapy (If known), and the fee structure for services provided.
2. To seek a second opinion, if needed, I can provide you with names of other qualified professionals.
3. To terminate therapy at any time without any moral, legal, or financial obligations other than those already accrued.
4. To know our therapeutic relationship is confidential except under the following conditions: a) if you threaten bodily harm or death to yourself or another person; b) if you reveal information about physical abuse, sexual abuse or neglect in regard to a child or elder; c) if you are in court ordered therapy; d) if a court of law issues a legitimate subpoena.
5. If you request, any part of your records can be released to any person or agency if you sign an authorization.

Agreement:

- 1) I have read and understand the above policies.
- 2) I have read and understand the financial obligations.
- 3) I have been informed of my rights as a client.

Signed: _____

Date: _____

Client or parent/guardian

Signed: _____

Date: _____

Client or parent/guardian

Signed: _____ Date: _____

Therapist