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Informed Consent

The following information is provided to acquaint you with the policies and procedures of our TAKE 2 Counseling & Coaching practice. Please initial after reading each section.

Your Rights as a Client

Initials: _____

1. You have the right to ask questions about the procedures used during therapy.
2. You have the right to cancel TAKE 2 Counseling & Coaching services without any additional financial obligations. We can provide additional resources at your request.

Confidentiality

Initials: _____

1. Within certain limits, your information will be kept strictly confidential and will not be revealed to any other person or agency without your informed written consent.
2. There are certain situations where your clinician is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - If you threaten bodily harm or death to another person, your clinician is required by law to inform the intended victim and appropriate law enforcement agencies.
 - If you threaten bodily harm or death to yourself, your clinician will inform the appropriate law enforcement agencies and others (such as spouse, friend or an inpatient psychiatric institution) who can aid in prohibiting you from carrying out your threats.
 - If you reveal information related to the abuse or neglect of a child, dependent adult or elderly person, your clinician is required by law to report this to the appropriate authorities.
 - I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

Confidentiality for Couples/Families

Initials: _____ **Initials:** _____

1. If clients enter into family therapy or couples therapy (relational therapy), confidentiality will be kept within the family. The relationship unit is considered the client. Your clinician is unable to keep secrets that may be harmful to the relationship as this may warrant immediate termination. If an individual needs to work through something prior to sharing the information, the clinician will help the client move to a place where this can be shared. If the person is unable to disclose the information, termination may be necessary and resources can be provided. During the course of our work together, a smaller portion of the relational unit can be seen for one or more sessions individually. These sessions can be seen as part of the work we are doing together. If you as an individual are involved in any such sessions, please understand that any information disclosed in these sessions may need to be shared with the entire relational unit.

2. Clients participating in couples/marriage therapy agree they will not seek to subpoena material for litigation against each other at any time.

If you are the guardian of a minor/ are a minor, please read the following: Initials: _____

By signing below, I give my consent for my clinician at TAKE 2 Counseling & Coaching, LLC. to conduct therapy and/or coaching sessions with the minor listed below. I have also been informed of the limitations of confidentiality in terms of the treatment of the minor. I understand that special care and sensitivity may be required in releasing information to me about certain topics such as substance use and sexual activity. I understand that if my child is in danger of hurting himself or herself, my clinician at TAKE 2 Counseling & Coaching, LLC, will notify me immediately.

Therapy Services and Fees:

Initials: _____

Counseling with Licensed Clinician:

- Fee for initial assessment: \$175
- Fee for a 45-60 minute individual session: \$125
- Fee for a Couple's and Family Session: \$175

***Please note: Insurance companies will not reimburse for services if you do not have out of network mental health benefits.**

1. Payment in full is due at the time of the visit through cash, credit or check. There will be an additional \$25 fee for a bounced check.
2. Receipts will be provided after every session and can be submitted to insurance companies for reimbursement (for counseling sessions) if you have out-of-network benefits.
3. A 24-hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this is solely my responsibility and I will not be able to submit this fee to my insurance company for reimbursement.
4. I understand the practitioner at TAKE 2 Counseling & Coaching, LLC. has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
5. My practitioner at TAKE 2 Counseling & Coaching, LLC. can be reached at (732) 365-3933. Feel free to leave a message with your name and call back number. Messages will be checked and returned as soon as possible.
6. I understand that the therapist is not providing emergency services and I have been informed of where to call in an emergency or during the evening or weekend hours. ***If you are in need of immediate care or there is an emergency, you must call 911 or go to your nearest hospital.***
7. If information is to be released to a third party, each member who participated in treatment will be required to consent to and sign a release of information.

Consent for Treatment

Initials: _____

1. While I expect benefits from this treatment I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed.
2. I am aware that the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and I.

Print Name

Date

Client Signature

Date

Signature of Parent, Guardian, or Personal Representative (If Minor)

Date

Signature of TAKE 2 Staff Member

Date