

Shelby Riley, LMFT and Associates, LLC

Marriage and Family Specialists

223 Byers Road, Suite 7
Chester Springs, PA, 19425

INFORMED CONSENT

Therapist Background and Professional Orientation

Welcome! We are happy to have you as a client and will do everything within our professional capacity to make your expenditure of time, energy, and money productive for you. Shelby Riley is a licensed marriage and family therapist, with a Master's of Science in Marriage and Family Therapy from Virginia Polytechnic Institute and State University. She is a clinical member of the American Association of Marriage and Family Therapy and is active with the Pennsylvania Association of Marriage and Family Therapy. All therapists at SR&A are trained to provide individual, couple, group and family therapy.

The Therapeutic Process

Therapy is a process. We will work together to develop goals and we will revisit these goals periodically. Therapy is a joint effort of which the results cannot be guaranteed. Progress depends on many factors including your motivation, effort, and other life circumstances. Therapy may be difficult and uncomfortable at times. Feelings of unhappiness, anger, guilt or frustration are a natural part of the therapy process and often provide the basis for change. Keep in mind, sometimes a positive decision for you may be viewed negatively by those around you. And when participating in couple or family therapy, sometimes a positive change for the couple or family can mean discomfort for an individual in that system. The majority of the time, the termination of treatment is a mutual decision between the client and the therapist. You are free to terminate treatment at any time. If at any time we feel you would be better suited with another professional or service, we will suggest a referral.

Availability and After-hours Contact Information

Therapists are primarily available during your scheduled appointment. We understand the importance of questions and concerns. If your phone call exceeds fifteen minutes, there will be a charge of \$1.00 per minute. A 24-hour voice-mail service is in operation for your benefit. Urgent and timely matters will be handled as soon as possible. Voicemail is not without human error; if we fail to return your call within a timely manner, please call again. On occasion or on weekends, we may be unable to return your call until the following day. If you cannot reach us for a serious emergency, contact the police (911) or a local emergency room. During vacation, holiday time, and/or professional conferences, if your therapist is unavailable, another therapist will be covering. You will be informed when your therapist will be unavailable, who will be covering, and how to contact the covering therapist should the need arise.

Fees and Cancellations

In order to provide you with the highest quality of care, we need to be clear about our financial arrangements. Fees are \$ _____ based on 45-50 minute sessions.

We accept payment via credit card and ACH through Square. We are willing to accommodate individuals and develop comfortable payment arrangements. Failure to pay fees in compliance with the aforementioned financial agreements may result in the termination of treatment. We do assess late payment fees and there is a \$25.00 charge for all returned checks.

If you are unable to make your appointment, please let us know as soon as possible. There is a 24-hour cancellation policy. A service charge of your full session fee will be charged if an appointment is missed or not cancelled within twenty-four (24) hours of the scheduled time. Please note, after two missed sessions, your appointment time may no longer be available.

A copy of your driver's license may be kept in the file to verify your identity in case you choose to request a statement to use for insurance reimbursement.

Confidentiality

Information disclosed by you during the course of therapy is generally confidential. However, there are some exceptions to confidentiality, including, but not limited to reporting child, elder, or dependent adult abuse, expressed threats of violence towards an identifiable victim (including harm to self), and where you tender your mental or emotional state in a legal proceeding. Of course, you can always give your written consent to allow us to exchange information with others. This may include, but is not limited to previous therapists, medical doctors, psychiatrists, and teachers. For clients under the age of twelve, therapists are obligated to keep parents or guardians informed of progress in therapy, if they request. Before talking with your parents, we will inform you of the information we intend to discuss. We have a "No Secrets" policy when providing couples and family therapy. This means if information is disclosed during a 1:1 interview that is relevant to the progress of couples or family work, we will not keep this information secret. We will work with you on the most comfortable way to disclose the information to the rest of the client family. All therapists at SR&A participate in supervision to ensure the highest quality of care. Information about your therapy may be shared during supervision, but your identifying information can always be changed to ensure your privacy. Please feel free to ask questions at any point during treatment to clarify limits of confidentiality.

Electronic Communication

It is very important to be aware that computers, email and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Additionally, our emails and data on computers are not

encrypted. It is always a possibility that faxes can be sent erroneously to the wrong address and computers, including laptops, may be stolen. Our computers are equipped with a firewall, virus protection and passwords, and we also back up all confidential information from computers on to discs (stored off-site) on a regular basis. Please notify your therapist if you decide to avoid or limit, in any way, the use of emails, texts or faxes. If you communicate confidential or private information via email, we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate via email. Please do not use email or faxes for emergencies or for therapeutic content. E-mails and texts should be used for scheduling and forms only. Due to computer or network problems, emails may not be deliverable, and we may not check our emails daily.

For telehealth services, we use a HIPAA compliant Zoom account. If you prefer to use a non-HIPAA compliant means of telehealth, we of course will do everything on our end to maintain client confidentiality, but there is a possibility of hacking or issues with confidentiality.

I have read and agree to the above information, including information provided in all sections of this document (Therapist Background, Therapeutic Process, Availability and After-Hours Contact, Fees and Cancellations, Confidentiality, and Electronic Communication) and hereby give my consent to treatment. Additionally, I authorize SR&A to contact me by mail, phone, and electronic means at the mailing address, phone numbers, and e-mail addresses provided on the client information form. Any exceptions to this authorization to contact are noted below:

Signature: _____ **Date:** _____
(Client 1)

Signature: _____ **Date:** _____
(Client 2)

Signature: _____ **Date:** _____
(Client 3)