



Consent for Psychotherapy

Client: _____ DOB: _____ Record#: _____

- I have chosen to receive psychotherapy from Traci Withrow, LCSW doing business as Mandala Counseling Services for myself or my minor child. My choice is voluntary and I understand that I may terminate therapy at any time. I understand that I can revoke this consent at any time, except to the extent that treatment has already been provided or that action has been taken because of this consent and that if I do not revoke this consent, it will expire automatically in one year.
- I understand that I am responsible for the full fee at the time of service and Mandala Counseling Services will not allow a running balance. Cash, check, VISA or Zelle are accepted forms of payment. If a check is returned for insufficient funds I will be responsible for paying the bank fee in addition to the session amount. I will thereafter have to pay by cash or credit. I understand that Mandala Counseling Services uses IVY Pay, an encrypted, HIPAA compliant payment processing application.
- I understand that in family therapy with a minor client both parents will be invited and expected to participate in their child's treatment and will be privy to treatment progress and concerns unless compelling reasons preclude this. I understand that I have the right of access to my/my child's therapy records unless doing so would be harmful to me or my child(ren).
- I understand that except in certain circumstances, the services provided by Mandala Counseling Services will be confidential in nature. Mandala Counseling Services will not release information about me or my child or his/her/their treatment without my written consent. I understand that in certain circumstances Mandala Counseling Services may be required by court order to release my/my child's records and I will be informed of this in advance. Traci Withrow, LCSW is the only individual who has access to my therapy record. In the case of the unexpected death of Traci Withrow, a licensed colleague will be granted access to all records in order to inform clients of this event.
- I understand that Mandala Counseling Services has a duty to warn and protect when a client indicates he/she/they have a plan to harm themselves or another party. I understand that Mandala Counseling Services is a mandated reporter of suspected abuse/neglect of children and dependent adults and will be held free of any liability from consequences that result from such a report.
- I understand that there will be an hourly fee of \$100 (prorated to 15 minute increments) assessed for any documentation my therapist provides above and beyond photocopies of existing documentation. This might include special reports, summaries, applications for benefits or letters of support. A cost of \$0.25/page will be assessed for any photocopies of existing documentation.
- I understand that Traci Withrow does not voluntarily participate in court proceedings with or on behalf of clients or related parties. Should Traci Withrow be subpoenaed to court, court appearances are billed at a rate of \$250/hour regardless of whether testimony is provided. Preparation time, travel time to and from courthouse and time waiting to testify will be included in the fee. The party issuing the subpoena will be billed and 50% of the anticipated fees will be due before court. This fee is non-refundable if the case is continued or settled.

Client (or Parent/Guardian) Signature

Date

Printed Name of Person Signing