

Bethany Butler Myers, LSCSW, LCSW
222 W Gregory Blvd., Ste. 310
Kansas City, MO 64114

INFORMED CONSENT

FINANCIAL AGREEMENT

My fee is \$200 per session for couples/families; \$185 per session for individual sessions. All fees are assessed on a per therapy hour basis (50 minutes). **Your payment is to be paid in full at the time of each session.** If it is clinically indicated for a session to take more than 50 minutes (like the initial assessment appointments), the extra time will be prorated. There will be the applicable bank charges and additional fees assessed for any returned check. Fees are subject to change every 6 months. Additional fees are charged for some phone calls, court appearances, and reports/forms.

CONFIDENTIALITY STATEMENT

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. The exceptions to this rule are as follows:

-- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

-- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities. Vulnerable adults can include the elderly, disabled, or patients within a mental health facility.

-- **Legal Cases:** There are some legal situations where parts or all elements of confidentiality can be compromised, such as negligent suits or a formal complaint brought against the mental health professional, fee disputes between the client and the mental health professional that cannot be resolved between the parties, or other legal cases where there is an order by a judge.

-- **Limitations of Technology:** While technology (computers, internet, cell phones, e-mails, texting, etc) are used with discretion in the normal course of business, there are also limitations to protection of confidentiality within these electronic resources. You use them at your own risk. E-mail is reserved for purposes of scheduling appointments and occasionally sharing resource information, but is not used to conduct therapy or to share otherwise confidential information related to therapy. I am not responsible for breaches of security within your electronic devices where elements of confidentiality are compromised.

COUPLES SESSIONS

-- **"SECRETS POLICY":** For clients that are seeking couples therapy, the treatment process typically involves at least one individual session with each partner. The purpose of individual sessions is to benefit the overall treatment of the couple. Information shared during any individual session is used with discretion and sensitivity as needed within the couple sessions, using the therapist's best judgment and practice standards. I do not, however, agree to keep secrets from the other partner.

QUALITY OF CARE

-- As a way of continuing to develop as a clinician and improve my services, I occasionally **video** some sessions. This allows me the opportunity to review our therapeutic work, make adjustments, and to seek consultation from a qualified consultant as necessary. These videos DO NOT become a part of the permanent medical record and are destroyed after review or after it is useful for professional development. You can revoke consent to video at any time. These recordings are NOT shared with clients.

NO-SHOW AND CANCELLATION POLICY

Your visit has been reserved for you, making it unavailable for someone else. **There is a 24 hours notice required for cancellation or you will be charged the full fee if you fail to give 24 hours notice or fail to show for a scheduled appointment.**

STATEMENT OF UNDERSTANDING

I have read and understand this information sheet and informed consent.

Client – A

Date

Client – B

Date