

**INFORMED CONSENT – Effective January 1, 2017**

Thank you for choosing DOUGLAS LAYER, LPCC. Today’s appointment will take approximately 45 – 50 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need. DOUGLAS LAYER, LPCC has earned a Bachelor of Arts Degree in Sociology and a Masters Degree in Comparative Sociology from Florida International University in Miami, and a Masters Degree in Counseling and Educational Psychology from New Mexico State University. He is licensed by the State of New Mexico as a Licensed Professional Clinical Counselor (LPCC) (#0164031).

**CONFIDENTIALITY AND EMERGENCY SITUATIONS:** Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or you child or children report about physical, sexual abuse or elder abuse; then, by New Mexico State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared, d) if you provide information that informs me that you are in danger of harming yourself or others, e) information necessary for case supervision or consultation, and f) when required by law.

If an emergency situation for which the client or their guardian feels immediate attention is necessary, please call the office. If no return call is received within 15 minutes, or if you need immediate assistance, the client or guardian understands that they are to contact the emergency services in the community (911). DOUGLAS LAYER, LPCC will follow those emergency services with standard counseling and support to the client or the client's family.

**Please Note:** I utilize a cell phone for my counseling business purposes. I am happy to receive and send text messages during normal business hours (8 AM - 7 PM). However, please be advised that confidentiality can NOT be guaranteed when communicating through text services. Also, I may NOT be able to return texts in a timely manner should an emergency arise. In a mental health emergency, all clients are urged to call 911.

Also, I do NOT store client names with phone numbers. So, I am unaware of who a caller is when a call comes through to help protect confidentiality. I also utilize an email account for my counseling business purposes. Email servers can NOT guarantee confidentiality. I make every attempt to respond to emails within 24 hours.

**TERMINATION OF SERVICES:** Therapeutic services can be terminated at any time by a client or therapist who have concluded services are no longer necessary, or that therapeutic goals have been achieved. This decision is best made in consultation together. However, if a client reaches this conclusion on their own, it is still recommended that the therapist be contacted and made aware that client has chosen to cease services so case records can be handled appropriately.

**FINANCIAL:** I ask that at each session you pay your full fee or co-pay.

Lastly, if you need to cancel or reschedule an appointment, please give **24 business hours** advance notice, otherwise you will be billed at the hourly rate. I sincerely appreciate your cooperation and at any time you have any questions regarding fees, balances or payments please feel free to ask. You may have a copy of this form if requested.

**COORDINATION OF TREATMENT:** It is important that all health care providers work together. As such, I would like your permission to communicate with your primary care physician and/or psychiatrist, if necessary, during therapy. If you prefer to decline consent no information will be shared.

**You may inform my physician(s)**     **I decline to inform my physician**

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Signature(s)** \_\_\_\_\_    **Date** \_\_\_\_\_