

Disclosure Statement and Informed Consent
(Agreement of parent or guardian if client is a minor)

Renee Dixon is a Licensed Social Worker in the State of Colorado with a Master's degree in Social Work from the University of Texas at Arlington. Renee working towards becoming and Licensed Clinical Social Worker and is under the supervision of Rowen Blaisdell, LCSW. Services provided include individual, marriage and family counseling. The fees are based on 45-50 minute sessions, as follows: \$110 couple/family session, \$100 individual session.

- **I/We understand that the content of counseling is to be confidential with the exception of the following:**
 - Any threats to harm oneself may be reported to medical authorities or family members to prevent suicide.
 - Any threats to harm another person may be reported to that individual and/or the police.
 - Physical, mental or sexual abuse to minors may be reported to Child Protective Services, even if the abused child is now an adult.
 - Abuse or neglect of vulnerable adults may be reported to Adult Protective Services.
 - A court order or subpoena for client records.
 - Counseling cases may be discussed with other professionals involved in the client(s) treatment and/or discussed in supervision sessions with other counselors.

- I/We understand that participation in counseling is voluntary and may be terminated at any time by the client(s), with no guarantees the counseling with produce change. It is the client(s) responsibility to be on time for all counseling sessions and to work collaboratively with the counselor to devise the best treatment for the client's therapy. The client will be discharge automatically after 6 months of no contact.

- I/We understand that any material (except for the above mentioned limits to confidentiality) shared in an individual session with the counselor is confidential even though the main purpose for attending counseling may be family, marriage, or adolescent/child therapy. Only with a release of information given by the client seen in an individual session may material be divulged to another family member.

- I/We understand that this is not crisis counseling and this counselor may not be available for emergencies. In the case of an emergency, please contact 911, the local police department, or go to the nearest hospital emergency room.

- I/We understand that counseling goals, techniques used, and limits of therapy will be discussed before any treatment begins. Treatment techniques may include Eye Movement Desensitization and Reprocessing (EMDR). The treatment plan and goals will be a collaborative effort, jointly decided on by client(s) and counselor. If there are risks involved in any therapy technique, these risks will be discussed with the client(s) before commencing with the specific technique. The ability of the client(s) to understand and agree to counseling will be shown by the signing of this informed consent.

- I/We understand that any interaction by this counselor with other professionals engaged on the client's behalf, not initiated by the therapist, will result in professional fees to be charged to the client(s). These fees will be over and above the regular therapy fees and will be discussed with the client(s) before the fees are processed and charged.

Effective Date: January 10, 2013

- I/We understand that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. **Please notify Renee Dixon at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.** Please do not use e-mail or faxes in emergency situations.
- Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, **divorce and custody disputes**, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Renee Dixon, LSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.
- Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Durango is a small town and clients may know each other and Renee Dixon, LSW from the community. Consequently, you may bump into someone you know in the waiting room or into your therapist out in the community. Renee Dixon, LSW will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose Renee Dixon, LSW Durango Family Therapy, LLC as their therapist because they know her before they enter into therapy and/or are aware of her stance on a topic. Nevertheless, your therapist will discuss with you, her client(s), the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to your therapist if the dual relationship becomes uncomfortable for you in any way. Your therapist will always listen carefully and respond accordingly to your feedback. Your therapist will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of you, the client, and, of course, you can do the same at any time.

I understand and agree to the terms of counseling listed above.

Client Signature _____ **Date** _____

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