

## **INFORMED CONSENT**

### **DISCLOSURES:**

The therapy relationship is a professional and confidential relationship. What is revealed in this setting is protected by professional and ethical standards, such that, with few exceptions, all material is confidential and not released without your written consent. Ethically and legally, however, there are some exceptions or limitations to confidence. They are:

1. If there is a reasonable possibility that you will harm yourself or others. In such a circumstance we have the ethical responsibility to provide for safety, which includes the right to inform others.
2. If we have reason to suspect Child, Dependent Adult or Elder Abuse. The State of Utah requires that we report to either Child or Adult Protective Services any reasonable suspicion of child abuse or evidence of dependent adult or elder abuse.
3. If we are ordered by a court to release information.
4. If you are using insurance to pay for therapy, your authorization to release information” allows your insurance company to request information regarding you therapy. Please be aware that I will disclose only that which is necessary to release benefits. Insurance companies do require, at a minimum, that I provide them with a diagnosis.

### **CANCELLED APPOINTMENTS**

We require at least 24 hours notice of cancellation. Without such notice it is our practice to charge you full fee for the missed and cancelled appointment. Exceptions to this include true medical emergencies or unavoidable circumstances. Most insurance companies will not pay for missed or cancelled appointments.

### **BIOFEEDBACK**

Aspen Valley Counseling offer EEG (brain wave) biofeedback training to clients in connection with a variety of conditions and attention deficits, behavior problems, sleep disorders, depression, anxiety, chronic pain, brain injury, seizures, and other conditions. EEG biofeedback training is also provided for clients who wish to enhance brain regulation for improved performance. No guarantee is made that any individual client will improve with training. It is possible that for a few clients who do experience benefit, the improvement may fall off after the cessation of training. Those individuals would benefit from periodic follow-up or booster sessions. The training appears to be a harmless procedure as far as is known at present. It is a non-invasive procedure. Nevertheless, beyond this, Advance Neurofeedback does not make any representation concerning the safety or efficacy of training. Any questions should be addressed to the prospective client’s physician. The client should continue ongoing

therapies until otherwise advised by a physician. It is the client's responsibility to monitor the subjective effects of training and to continue training so long as benefit is perceived. We invite discussion at any point in the training.

By signing this form, the client indicates his/her understanding of the principles set forth here, and waives any claim of damages due to the training, including worsening of the client's condition for which the training was undertaken, claimed side effects, or the failure to improve with training. In addition, the client agrees to take full responsibility for his/her training, the benefit of such training, or the lack thereof, and further agrees to hold Aspen Valley Counseling harmless from all claims associated with such training.

**RESPONSIBILITY FOR PAYMENT**

You are responsible for all deductibles, co-pays and payments for sessions not covered by your managed care or insurance carrier. Although other persons or insurance companies may make payments on your account, you are responsible for the services provided by Aspen Valley Counseling at the time of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_