

Claribel Rosado, LMFT LLC
580 Naugatuck Avenue, Milford, CT 06460

(203) 343-2460 (T)
(203) 283-7714 (F)

Informed Consent (p 1 of 2)

Welcome to Claribel Rosado, LMFT LLC. I appreciate the opportunity to help you.

This form includes information about therapy that we will go over together. It ensures that everyone is on the same page as to what to expect in our work together.

Information about Therapy

As with any powerful treatment, therapy includes risks and benefits. The main risk is that things may change in your life. This may seem obvious, but it is important to consider the discomfort that even positive change may cause in your life, relationships, and work. Things that were hidden may be discussed. Relationships may feel like they are getting worse before they get better. All of this is part of the change process. As this change occurs, please feel free to discuss your reaction to it as we proceed.

The benefits of treatment include growth in areas of your life in which you feel trapped. Relationships that you are dissatisfied with may take on new life, and your sense of yourself as a person may become stronger. You may become aware of why you make certain choices, and why those closest to you react the way they do. You may experience a broadening of options as you consider doing things you didn't think were possible before.

Confidentiality

Maintaining trust is important in any therapeutic relationship, and I will keep the information you share with me confidential, including the fact that you are my client. There are several limits to this confidentiality, and I ask for your understanding and agreement to these before we proceed.

First, I am a mandated reporter, so if you disclose any information about the possible physical or sexual abuse, or neglect of a child (any person under the age of 18), I am required by law to report that information to the Department of Children and Families (DCF).

Second, I am required to take steps to safeguard your safety and the safety of others if you reveal any suicidal or homicidal ideation or intent. This may include, but is not limited to, contacting a family member to monitor you, taking you to the hospital, calling the police and warning the person you are threatening, or calling

911. Please provide the information for a contact below whom I can call in the event of an emergency.

Contact: _____ Phone: _____

Relationship to you: _____

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Informed Consent (p 2 of 2)

Third, like any professional, I consult with my supervisor to ensure that I give you the best treatment possible. I also am required, if ordered by a judge, to release information about you and your treatment that may be relevant to a court case.

Payment and Fees

My fees are outlined in the attached Schedule of Fees and Charges. Payment is accepted by cash, check, or debit/credit card at the end of each session. I will charge my full fee even if you are late to a session, and I may not be able to extend the session due to other appointments. If for any reason you are unable to pay at the end of session, I must receive the full amount before the next session begins

Cancellations/ Missed Appointments

I ask that you provide 24 hours notice of cancellations by phone, or 48 hours notice if you inform me by email. If you do not give the required notice, or fail to attend your scheduled session, you will be charged a fee of \$70, which must be paid before we have another session.

Ending Therapy

Therapy, like any relationship, has the best effects if there is closure at the relationship's end. Therefore, I would like you to agree that when you decide to stop therapy, you will inform me of your decision to terminate, and then come for one final session. This allows us both to be intentional about ending therapy and to review the progress you have made, and the work that we have done together.

I/We, _____ (print names) have read and agree to the policies above.

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____