

Mountain Brook Wellness

Dr. Deborah L. Kerr, Ph.D.

New Client Information and Consent to Treatment

Thank you for choosing Mountain Brook Wellness (MBW) for your counseling needs. I am committed to providing you excellent care. To acquaint you further with the procedures and policies of this center, you will be provided with the following information.

PSYCHOLOGIST CREDENTIALS: Licensed Clinical Psychologist--Alabama (2013), License #1800

CONFIDENTIALITY: At MBW, I will strive to maintain privacy and uphold the ethics of confidentiality. This includes all verbal, written and recorded data concerning your treatment, which may not be released without your written consent. Limitations to these rights are: **1) I have a legal duty to report to proper authorities any knowledge of abuse to children and vulnerable adults, 2) I have to comply with Alabama State Laws in regard to court ordered subpoenas/court testimony, 3) If you request reimbursement from your insurance company through a 1500 form, they may request reports from me in order to authorize reimbursement.** If you choose to keep a third-party informed of your progress in psychotherapy, it is necessary to complete an "Authorization to Release Information" form that will be kept on file.

Your client record is the property of MBW and shall be treated as confidential. To insure quality record maintenance and client confidentiality, I will conduct routine client record audits. To comply with state and federal laws regarding client confidentiality, your records will not be released without a properly executed written consent. MBW maintains your record in a locked secure manner for 7 years past the date of your last appointment at which point the records are shredded and disposed of in a confidential manner.

In an effort to enhance the client's therapeutic experience, and to maintain high standards of care and accountability, collaborative consultations between licensed and certified psychologists may take place within a professional consultation context. Such consultation is provided with protection of client's identity.

We ask that you respect the confidentiality and privacy of others you see in the reception or common areas of MBW.

PSYCHOTHERAPY METHODS: Psychotherapy methods will vary, depending on your individual circumstances. Individual, couple or family sessions may be scheduled. Any questions you have about the procedure or process are always legitimate. You always have the right to decline participation in or the use of certain therapeutic techniques. I do not treat minors (under age 14) without parental consent. Psychotherapy sessions will be sixty (60) minutes, unless otherwise specified by your therapist.

RISK: Psychotherapy often involves change. Processing areas of your life and learning new ways of thinking, feeling, and behaving can cause discomfort for you and those around you. However, if you are committed to your psychotherapy process, you can expect benefits from your psychotherapy time. Please ask for any clarification that may help you feel more comfortable.

EMERGENCY SERVICES and AFTER HOURS CONTACT: Although Dr. Kerr will do her best to assist and coordinate your care in the event of an emergency, Dr. Kerr does not provide emergency services. In the event of an emergency, call or go to the nearest emergency room, contact the Crisis Center or contact the designated individuals on your Safety Plan. Telephone contact between the therapist and client is discouraged and should be limited to five (5) minutes. Use of email or text message contact between the therapist and client also requires the completion of an electronic communication "Text and Email Informed Consent" form that will be kept on file. Dr. Kerr will provide a **Contact Information for Safety Sheet** to all clients upon initiation of therapy to assist with location of these resources. It is recommended that you place this sheet in your wallet and make copies for others who may be participating in your treatment.

APPOINTMENTS: Your scheduled office appointment is a time specifically set aside for you. If you are unable to keep an appointment, *a minimum of 24 hours notice is required; otherwise you are subject to the full charge for the appointment. If a client fails to appear for a session, the full fee may be charged.*

REFERRALS: The therapist reserves the right to terminate the psychotherapy relationship for any reason deemed to be in the client's best interest. If the therapist or client determines additional or continued psychotherapy is needed, the therapist will provide a referral.

Client(s) Signature _____ Date _____