



Kellie
Johnson

Relationship
& Sex Therapist

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

By signing this document, you indicate you understand the following:

HIPAA: all of the information you share with Kelly verbally or in writing is put into your record under lock. You may look at the record at any time and may add any comment you wish. there are rare occasions when a therapist must disclose information about you or your case even without your consent as a "duty to warn".

- 1) The law requires me to report any known or suspected child abuse, neglect, or exploitation.
- 2) If court subpoenas your record in a criminal case.
- 3) If you threaten or are planning to hurt yourself or someone else, I will share that information with others to make sure you get the extra support and the help you need.
- 4) Domestic abuse involving a child or elderly person.
- 5) in case of serious medical emergency- I May release information if requested by medical personnel to secure your safety. Only if no family is available to do so and only in very urgent matter such as life and death.

Personal confidentiality: if I see you in public, or you see me- please know that your confidentiality will be my main concern. I will not acknowledge you, unless you initiate contact first. people vary on their comfort levels with this sort of thing. I wish to respect your confidentiality and I am happy to chat in most settings if you initiate the conversation so that I know that it's okay with you.

Financial policy: You're responsible for the entire cost of services. Payment is due at the time of services are rendered unless previous financial arrangements have been made with Kellie. I gladly accept cash, check, and all major credit cards through PayPal.

Appointment attendance: Since I usually have clients scheduled before and after you, starting our session on time is important. If you need to reschedule or cancel an appointment, I require at least 24 hours' notice. there is a \$85 charge for no-shows and cancellations less than 24 hours in advance.

If you are seeking services at an address other than my office (for face to face appointments) or the above address (for online appointments), you agree to notify me at the beginning of our session of your physical location.

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Client /Therapist agreement: I am an MFT intern working towards licensure. This means that my work is overseen by a supervising therapist (Howe Stidger License #HI50). I may share information about your case with him however, I will not provide him with your name or any other identifiable information unless I am required to do so by law (see Personal confidentiality "duty to warn").

My contact information is above. If I'm not immediately available and you are feeling like hurting yourself or someone else CALL THE CRISIS LINE @ 808-832-3100 or call 911 and ask for the crisis team. I will notify you if I need to be away (such as illness or vacation). I have to back up therapist and will provide you there details at that time. What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

Client Signature (Client's Parent/Guardian if under 18)

Date