

Form Consent to Treatment and Recipient's Rights

Client _____

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned _____ above, _____ with _____ Venus Rouhani-Rafiei MA, LPC-S, LMFT-S. The rights, risks, and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. The therapist encourages this decision to be discussed with the treating psychotherapist. This will help facilitate a more appropriate discharge plan.

Recipient's Rights: I certify that I have received the Recipient's Rights pamphlet and certify that I have read and understood its content. I understand that as a recipient of services.

Non-Voluntary Discharge from Treatment: A client may be terminated from the care non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the clinic, and/or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the non-voluntary discharge by letter.

Client Notice of Confidentiality: The confidentiality of patient records maintained by the Center is protected by Federal and/or State law and regulations. Generally, the Center may not say to a person outside the Center that a patient attends the therapy or disclose any information identifying a patient unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to the appropriate authorities. Federal and/or State laws and regulations do not protect any information about a crime committed by a patient either at the Center, against any person who works for the center, or about any threat to commit such a crime. Federal law and regulations do not protect any information about a suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. Healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. Professional misconduct by a healthcare professional must be reported by other healthcare professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about the client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original.

Any recording of the sessions should be with the written consent of both the client and the therapist.

Confidentiality and consent related to couples:

Couple's therapy at times is more effective when combined with individual therapy for one or both members of the couple. Individual therapy is also conducted by Venus Rouhani- Rafiei. All individual discussions are confidential and will not be released to the other member unless the therapist determines that what was discussed in the individual session is important to be discussed in a couple session which will be shared in couple session with the permission of the individual.

Consent of all members of the couple or family: If for any reason one member of the couple or family decides to discontinue the therapy, I _____ consent to approve the other member/s to continue with the therapist individually. I understand that this will not be considered abandonment of one or more of the members and it is consensual.

I consent to treatment and agree to abide by the above-stated policies and agreements with Venus Rouhani-Rafiei MA, LPC-S, LMFT-S.

The fee for services is \$150/50 minutes for an individual session, \$190/80 minutes couple session, and \$220/110 minutes family session, for any extra hour, \$80 will be added to any type of session, and payable at the end of each session. The fee for preparing a report for any entity is \$200-\$600 depending on the complexity of the requested report. Venus Rouhani reserves the right to charge for phone sessions and extensive email responses.

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information.

Texas Behavioral Health Executive Council
George H.W. Bush State Office Building
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Main Line (512) 305-7700

***** To sign this document, either type your full name or digitally sign below. *****

Name of Client/Legal Guardian: _____ Date: _____

Full Name Typed _____ Signature _____

(In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf)

Name of Therapist: _____

Signature _____ Date _____

I understand that by either placing my signature or typing my name, I am electronically signing this document.