

The Center for Well Being

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Treatment Agreement~Informed Consent

Welcome to the Center for Well Being. It is the mission of the Center to provide counseling in a collaborative and respectful manner to our clients. We approach this work from a narrative world view, which proposes that lives are multi-storied, and that what brings people to seek counseling is that some problematic storyline is dominating their life. We believe the person is never the problem. The problem is the person's relationship with the problem, and our work is to explore the many stories that make up our clients' lives so that we can help them remember and re-generate the preferred life they want to be living in their personal, relational and work worlds.

Confidentiality

Our counseling relationship as well as the storage and disposal of records will be kept confidential within legal and ethical limitations. Unless the client poses harm to themselves, or to someone else, the client will be informed when information regarding them is being released. In general, information may only be released if the client signs an authorization for release of confidential information form, which would then allow the counselor to discuss their case with another person (i.e. doctor, teacher, relative). Information may be released without the written consent of the client in the following circumstances:

1. The client poses harm to himself or others.
2. Suspected abuse of children or the elderly.
3. The client is under the age of 16 and has been sexually or physically abused, raped, or the victim of another crime.
4. When the information is ordered by a court subpoena or a parole officer.
5. The client requires hospitalization.

Fees

Fees for sixty-minute individual sessions will be \$150. A sliding-fee scale is in place for individuals who demonstrate a need. Payment will be collected at the end of each session and the client may pay by either cash or check. Group and seminar session rates may vary in price.

Consent for Audio and/or Videotaping

At times it will be helpful for the counselor to video or audio tape the counseling sessions. The client has the right to not have his/her sessions recorded as this will not impact the service provided. Please indicate your preference below.

I agree to:

Videotaping

Audio taping

None

Concerning written correspondence:

I can be notified via email if my counselor needs to send me a written correspondence concerning my case.

Please do not contact me via email, I prefer you to only contact me via telephone.

We appreciate the time you have taken to read this. If you have any questions or concerns now or at any point during our work together, please feel free to let me know. Please sign below to indicate that you have read this and have had a chance to ask any questions.

I have read this informed consent, discussed it with the counselor, understand the information contained, and agree to participate in treatment under the conditions described.

Printed Name of Client

Printed Name of Counselor

Signature of Client

Signature of Counselor

Date

Date