

Alycen Davis Therapy
Informed Consent for Therapy

Client Name: _____

Date of Birth: _____

Date: _____

Introduction

Welcome to Alycen Davis Therapy. This document is intended to provide you with information about the therapeutic process, your rights and responsibilities as a client, and the policies of this practice. Please read it carefully and discuss any questions you may have before signing.

Nature of Therapy

Therapy is a collaborative process between the therapist and the client that aims to enhance emotional well-being and improve mental health. Therapy may involve discussing personal challenges, emotions, relationships, trauma, and experiences. While therapy can be beneficial, there are no guarantees regarding specific outcomes and it largely contingent on the client's willingness to be honest and open to new ideas. Alternatives would be medication management and support groups.

Confidentiality

Your privacy is important. Information shared in therapy is confidential, except in the following situations:

- If there is reason to believe you are in danger of harming yourself or others imminently. Thoughts of suicide are not reportable unless you are in imminent danger to yourself at that moment.
- If there is suspected abuse or neglect of a child, elderly person, or vulnerable adult.
- If disclosure is required by a court order.
- If you provide written consent to release information to a third party.

Appointments and Cancellations

- Sessions are typically 50-55 minutes in length and occur at agreed-upon intervals.
- Cancellations require at least 24-hour notice. You may text 503.278.7279 or email therapist@alycendavis.com or submit a request in Simple Practice if you must cancel or reschedule your appointment. Missed appointments or late cancellations without proper notice will incur a \$100 fee. If you are late to session, therapist will wait until 15 minutes after the session start time before cancelling and charging the late fee for that session in which you will have to reschedule.

Fees and Payment

- The fee per 50-55 minute session is \$150.00 Payment is due at the time of service.
- If using insurance, it is your responsibility to verify coverage and understand your benefits. Please check if you have to reach your deductible before the sessions are covered. You can call your provider or go to your insurance portal.

Risks and Benefits of Therapy

- Therapy can lead to personal growth, improved relationships, and symptom relief. It can also increase your feelings of self worth and help you learn to communicate effectively and set boundaries with people in your life.
- Please remember that discussing difficult topics may cause temporary emotional discomfort or anxiety. It is important to remember that you must "feel to heal" and it can be unpleasant sometimes on the path of healing.
- Progress depends on personal commitment and your ability to be open and honest. It is also recommended that you are open to new perspectives and skills along with a willingness to challenge yourself.
- There are alternatives to therapy. Alternatives would be things like medication management and support groups. Your care is the top priority, so you have the right to withdraw from therapy at any time without repercussion (just let Alycen know)

Communication & Emergencies

- For convenience, non-emergency communication can be conducted through text (503) 278-7279 or email therapist@alycendavis.com. Text and email may not be completely secure, so you accept the risk when you consent (see consent for electronic communication). If you need an urgent appointment, you may text or email Alycen and she will get back to you within 24 hours (usually much earlier)
- If you are in crisis, please call 988 to reach a national hot line to get support or call 911.

Termination of Services

- Therapy may conclude when goals are met, upon mutual agreement, or if you decide to discontinue. Please inform Alycen if you are not able to continue for any reason.
- The therapist reserves the right to terminate services due to non-compliance, missed payments, or if therapy is deemed ineffective or harmful to you.

Consent and Agreement

I have read and understood the information above. I agree to participate in therapy under these terms.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____