

Daniela Di Piero, MFT #88547  
Growing Home Counseling  
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## INFORMED CONSENT

In order to provide yourself or your minor child with mental health treatment, it is necessary to obtain your Informed Consent. Informed Consent means that you understand and consent to the following:

- **LIMITS OF CONFIDENTIALITY:** All communication with you regarding your treatment is confidential and is protected under state and federal laws. I can share confidential information if you authorize me to do so in writing or if ordered by the court or as otherwise permitted under the law. The law requires that I report any suspected incidents of child or elder abuse including physical abuse, sexual abuse, and neglect. I also have a duty to take reasonable action to prevent someone from harming themselves or others, to warn an intended victim, and notify the police of threats to harm another.
- **RISK AND LENGTH OF SERVICES:** By agreeing to engage in therapy or coaching, I am acknowledging the risks involved, which includes a possible worsening of symptoms. It is my right to terminate services at any time. I understand that no promises have been made to me regarding the outcomes of therapy.
- **FEES AND BILLING PROCEDURE:** You will be responsible for paying for services received. If payment for the services provided is not received, the therapist may discontinue treatment. When raising rates, therapist will alert clients to rate increase and clients will have 2 months to adjust to the new rate, continuing in the meantime with current rate if desired. If new rate poses duress to client, client may request that therapist continue to see them at current rate.
- **THE RIGHTS OF THE CLIENT:** Clients have a number of rights associated with receiving therapy, including the right to identify goals that will be the focus of treatment, to ask questions about treatment procedures, to propose changes in treatment, and the right not to proceed with treatment or to voluntarily withdraw from treatment.
- **THE RESPONSIBILITIES OF THE CLIENT:** In order for treatment to be effective, it is expected that you will follow through with tasks aimed at meeting treatment goals outside of sessions. You

are responsible for calling 24 hours in advance to cancel an appointment and paying your bill in a timely manner. If you do not cancel your appointment at least 24 hours before the time of appointment, you will be expected to pay for the missed session.

**CLIENT CONSENT** - My signature below indicates that: 1) I fully understand all of the information listed above; 2) I am aware of the risks involved in therapy, coaching, or mental health services; 3) I understand my responsibilities to therapy, coaching, or mental health services; 4) and I freely choose to participate in services with Daniela Di Piero, MFT #88547.

CLIENT NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_