

Grant T. Bright, Ph.D., LPC

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: 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 threaten 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.

Prenatal Exposure to Controlled Substances Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child. Minors/Guardianship Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

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Insurance Providers Insurance companies and other third-party payers are given information that they request regarding services to the clients.

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 _____

Cancellation Policy

If you are unable to attend an appointment, you must provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment.

For cancellations made with less than 24-hour notice for a scheduled appointment that is missed, you will be charged for the full session fee. We appreciate your help in keeping the office schedule running timely and efficiently so that others’ may receive their services

_____ Client Signature (Client’s
Parent/Guardian if under 18) Date _____

INTERACTION WITH THE LEGAL SYSTEM I understand that I will not involve or engage my therapist in any legal issues or litigation in which I am a party to at any time either during my counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release. Dr. Bright will provide a copy of my record. If I believe it necessary to subpoena my therapist, I would be responsible for Dr. Bright’s expert witness fee in the amount of \$2,000 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Time over one-half (1/2) day would be billed at the rate of \$375.00 per hour plus travel time. Travel will be billed at \$0.55 per mile plus \$150 for each hour of travel. I understand that if I subpoena my therapist, he or she may elect not to speak with my attorney, and a subpoena may result in my therapist withdrawing as my counselor.