



Manu Counseling  
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## **Informed Consent**

By entering into counseling you have certain rights, and other information of which you should be aware. Please review this document carefully, and let me know if you have any questions about its contents.

**Therapy:** Therapy is a place to identify and build on current strengths, learn problem-solving strategies, develop or enhance coping skills, learn more effective ways to communicate with others and receive support and feedback. The counseling relationship is designed to be one that will facilitate change and growth. My belief is that the therapist and the client both have active roles. My goal is to provide a safe and supportive environment conducive to insight, healing and personal growth. Your role will be to identify goals that you would like to achieve during the course of therapy and be willing to examine any potential obstacles and strengths that will either hinder or help you move toward obtaining your desired goals.

Therapy can have benefits and risks and it is important to consider both when making any treatment decisions. Since therapy involves discussing unpleasant aspects of your life, there is a risk that you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Counseling has also been shown to have many benefits including improved relationships, a significant reduction in feelings of distress and resolutions of specific problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

**Minor clients:** If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent's sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you

with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "Confidentiality").

**Confidentiality (limits of confidentiality):** All information discussed in sessions will be completely confidential, unless specified in writing on the Consent for the Release of Information form. There are three (3) other conditions under which Federal Law requires counselors to breach confidentiality.

These are:

1. Situations involving child or elder abuse
2. Situations involving abuse or exploitation of the disabled
3. If you are determined to be in imminent danger of harming yourself or someone else.

**Release of Information:** If information needs to be released it will only be done so according to state law and with a written consent from the client indicating an informed consent of such release. In the case of marital therapy, the client is the couple, not individuals; therefore, all records can only be released when both parties consent in writing or if mandated by the court.

**Electronic Communication:** Although electronic communication (email/text) has become a major means of communication between individuals, it significant limitations. Please note the following guidelines for use of electronic communication as a form of communication with your therapist.

- Your therapist cannot provide personal counseling through solely through e-mail, but your therapist may offer limited support via email. Please be aware that email communication is not a substitute for interpersonal therapy.
- Your therapist cannot guarantee that your e-mail will remain confidential. Although your therapist may keep your e-mail message private, your therapist cannot ensure administrators of the system and experienced computer users may be able to access e-mail, so confidentiality cannot be ensured.
- Although e-mail may seem like a fast way to contact someone, your therapist may not have the ability to check e-mail as frequently and as consistently. Absence from the office, a busy schedule, unexpected illness, or difficulty getting online may mean that several days go by before a message is received. Please call your therapist on their designated phone line to ensure communication.

**Professional Records:** "Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records." ***You may be charged a full or partial session fee for administrative costs/time related to getting***

***copies of your records. Counseling records are maintained for 10 years after you last contact with your therapist.***

**Fees:** Therapy is a personal investment in one's own growth and overall well-being. It is expected that you will pay for the therapeutic services provided. The private-pay fee family therapy or couple's therapy is \$150.00/50 minutes and \$130.00/ 50 minute for an individual session and payment must be rendered at the beginning of each session. Payment is preferred with cash or a personal check, but credit/debit is accepted. At this time I do not provide insurance benefits, if you chose to use your out of network benefits, it is your responsibility to make the appropriate payments. I will be happy to provide receipts in order for you to obtain your benefits. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

**Cancellation Policy:** Therapy also is more effective when an individual attends appointments in a consistent manner. It is expected that you will be prompt for your appointment. Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you more than 24 hours notice, as I know you will have reserved the time for the appointment. Likewise, I expect that you will give me more than 24 hours notice if you must cancel the appointment. **If, for any reason, you fail to cancel the appointment less than 24 hours in advance, or do not show up to a scheduled appointment, you will be charged a the full session fee (\$130/individuals, \$150/couple's & families) for the time reserved.**

**Late Appointments:** If you are 15 minutes late for an initial intake appointment, without notifying the therapist, you must reschedule the appointment. If you are 20 minutes late to a follow-up appointment, without notifying the therapist, the session will count as a no-show, and you will be charged the full session fee. Please respect that I have reserved a 50-minute time slot for you. I expect all of my patients to respect my time, as I intend to respect yours.

**Emergency:** My confidential voicemail (919-342-8859) is always available for leaving messages when I am in session or out of the office. If an emergency arises when I am not available to speak with you, please call The Mobile Crisis Unit (Mecklenburg) at (704-566-3410,opt.1), visit the emergency room of the closest hospital, or call 911.

**Right to terminate therapy:** While I strive to partner with all of my clients to live happy, productive lives, I do understand that there may be circumstances when one may need to terminate therapy. In most circumstances, we will be able to determine together when therapy is complete, and thus plan a smooth transition. However, should you decide at any point to terminate therapy, you may do so.

You have the right to request referrals to other Mental Health professionals at any time. I am obligated to provide these referrals when:

1. Either you or I determine, either individually or collaboratively, that

- my services are not meeting your needs for any reason
2. When your needs are outside of my training level
  3. When you request them for any reason

**I encourage you to ask any questions you may have concerning the above policies,  
either now or as they occur.**

The signature below indicates that I have read, discussed, understand, and agree to abide by the points presented above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if patient is a minor): \_\_\_\_\_ Date: \_\_\_\_\_