**Informed Consent to Family Counseling**

 *Successful relationships are based on clear policies and procedures, so please review the following carefully and thoroughly. If you have any questions, please feel free to ask me at any time.*

**Guidelines of Family Counseling Appointments:**

 ***Consistency/Frequency:***

Family therapy is more effective when all members attend appointments in a consistent manner. I will generally meet with you on a weekly basis for approximately 50 minutes, which is recommended for effective progress and growth. The frequency of sessions/length of session time may be evaluated during times of crisis, as well as when it is mutually decided and clinically relevant to either increase or decrease the frequency/length of your session. I may also choose to meet with each member of the family individually for therapeutic purposes. I will communicate my intention and rationale to you prior to scheduling individual sessions.

 ***Attendance/Cancellations:***

The established appointment time is set aside for a particular family. It is expected that you will be prompt for your appointment. If you or your family member arrives late for your appointment, the session will only start when all members of the family are present, and the session will still end at the regularly scheduled time.

Sometimes emergencies come up. If I need to cancel or change an appointment time, you will receive more than 48 hours notice, as I know that you will have reserved the time for the appointment. If for any reason I cannot give you more than 48 hours notice, I will provide our next hour free of charge to you.

Likewise, it is expected that you and your family will give me more than 48 hours notice if you must cancel the appointment. If, for any reason, you and your family cannot let me know more than 48 hours in advance you will be charged the regular fee for the time reserved. It is recommended for consistency that you attempt to reschedule the appointment within the same week.

If, for whatever reason, not all members of the family show up to the session, for the sake of the neutrality and symmetry of the therapy, **I will not conduct a session at that time**. I apologize in advance for the inconvenience, but it is important that I, as your therapist, maintain neutrality and objectiveness in the family’ counseling relationship. It is, nonetheless, expected that **the full session fee for the session will be paid since that time was kept for you and your family.**

 ***Shared Information:***

If you or your family shares information with me in private, I will encourage you to share this information voluntarily to the family in our session. If you do not share this information, I will need to share this information in order to preserve my neutral position in our therapeutic relationship. More is explained in my **No Secrets Policy** form which will be give to you.

 ***Confidentiality:***

I will adhere to the ethical and legal requirements of confidentiality as stated on your individual informed consent form. I cannot, however, ensure that you and your family members will maintain confidentiality about your therapeutic experience including content discussed within the family’ counseling session.

***Phone calls:***

If you or your family need to speak with me on the phone, you are welcome to contact me under the following conditions:

1. In order to maintain neutrality, all family members must be available to speak on the phone.

2. You will be billed in 15 minute increments after the first 5 minutes.

*The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above as indicated by my signature below.*

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Therapist Date