

Dee M. Hudgens RN, MSW ,LSCSW
Re:Vive Counseling Center
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INFORMED CONSENT & THERAPY CONTRACT

It is important that you are fully informed about the services you will receive. By signing below you are saying:

1. I understand that my therapist is licensed by the State of Kansas as a Licensed Specialist Clinical Social Worker, LSCSW # 4064. She also is licensed as a Registered Nurse in Kansas and Missouri.
2. I understand that the therapist is bound by the Code of Ethics set forth by the National Association of Social Workers and I can request a copy of these ethics at any time.
3. I understand the confidentiality policies detailed in the **"Client Information Sheet,** including the circumstances in which Kansas's law may permit or mandate limits to confidentiality.
4. I understand that there are risks and benefits associated with therapy and I have discussed those with my therapist to my satisfaction. I also understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.
5. I understand that I may leave therapy at any time and agree to discuss the termination of therapy at a regular therapy session, rather than by phone.
6. I understand that, under Kansas Law, my therapist is required to consult with my primary care physician or psychiatrist to determine if there may be a medical condition or medication that is contributing to symptoms of a mental disorder. In order to complete such a consultation, my therapist will request that I complete a Release of Information form. I also understand that I may waive this consultation in writing, and that my therapist will discuss this process with me at any time if I so request.
7. I understand the appointment and financial policies and agree to pay \$130.00 for each session, which is fifty (50) minutes each session.
8. I have received the client information form that informs me of my rights and other pertinent information and all questions have been answered.

My signature below indicates that I give full and informed consent to receive therapy services with Dee M. Hudgens RN MSW LSCSW.

Client Signature

Date

Therapist

Date

