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INFORMED CONSENT & COUNSELING CONTRACT

I feel it is important that you are fully informed about the counseling services you will be receiving. Your signature below indicates that you have received, read, and understand my practice policies contained in this contract and the Client Information Sheet.

- 1. I understand that my counselor is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapy (AAMFT), and I can request a copy of these ethics at any time.
2. I understand the confidentiality policies concerning case consultation. I also understand that, according to Kansas Law, my counselor has an obligation 1) to warn others of life threatening concerns should it become necessary, 2) to notify appropriate state agencies of any suspicion of child or dependent adult abuse and, 3) to provide information in legal cases when under court order, and 4) to release information from my file when I request this using a written authorization.
3. I understand that there can be risks and benefits associated with counseling and have discussed those with my counselor. I also understand that no promises have been made to me as to the results of treatment or of any procedures provided by this counselor.
4. I understand that I may leave counseling at any time and agree to discuss the termination of counseling at a regular counseling session, rather than by phone.
5. I understand that, under Kansas Law, my counselor 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. If such a consultation becomes necessary, my counselor will request that I complete a Release of Information form. I also understand that I may waive this consultation, in writing, and that my counselor will discuss this process with me at any time if I so request.
6. I understand the financial policies of my counselor, and agree to pay \$180 for my initial 90-minute intake session, and \$130 for subsequent 50-minute counseling appointments. I agree to pay the appropriate session fee at the conclusion of each appointment.
7. I have received the client information sheet that informs me of my rights and other pertinent information. This information has been explained to me and any questions answered by my counselor. (Initial)
8. I understand that I am expected to give 24 hours notice of the need to cancel any appointments. I understand that, except in cases of emergency, failure to provide 24 hours notice will result in my being billed for a full session fee. (Initial)

My signature below indicates that I have given my full and informed consent to receive counseling services from this site. (To be signed by all participating family members over the age of 18)

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____