

### INFORMED CONSENT

**CONFIDENTIALITY:** Psychologists have an ethical and legal obligation to keep the information discussed in sessions private. The client controls the release of information obtained during the provision of professional services unless the therapist is required by law to take actions or make disclosures. Tennessee law requires psychologists to report under the following circumstances:

1. Imminent danger of the client's harm to self or others (this includes potential transmission of a terminal communicable disease).
2. Suspected child or elder abuse (made to the Department of Human Services).
3. Court order for clinical records, if the client is involved in legal proceedings.

Once information is released, the use of this information is beyond the control of this office.

**HIPAA:** I acknowledge that I have reviewed and signed the HIPAA Privacy Notification, which further explains my rights and protections with regard to my protected health information.

**TELEHEALTH:** Please note that if you are comfortable using email or texts to schedule visits, I am unable to guarantee the security of the information exchanged given the nature of "cybersecurity." When needed, telehealth (e.g., internet, videoconferencing, or telephone-based) sessions are available with the aforementioned risks to security, depending on the modality. In signing below, you are agreeing to the possibility of doing telehealth when necessary and acknowledging the above risks, which can be discussed at any time with Dr. Hauenstein.

**FEES:** The fee per 45-50 minute psychotherapy session is \$150. **Clients are responsible for full payment of fees. Fees are due at the time of each visit. Therapy will not be extended beyond two sessions without receiving payment.**

**CANCELLATION POLICY:** Appointment times are individually reserved. When appointments are cancelled at the last minute, it keeps others who want an appointment from being scheduled; for this reason, **cancellations must be made 24 hours in advance.** *You will be charged the session fee for appointments missed and for those cancelled less than 24 hours in advance.*

**EMERGENCIES:** In case of an emergency when Dr. Hauenstein is unavailable or out of town, please contact the Crisis Intervention Center at 244-7444, call 911 or proceed to the nearest emergency room.

**BENEFITS AND RISKS OF THERAPY:** The benefits and outcomes of psychotherapy vary according to psychologist and client personalities and the presenting concerns of the client. Though psychotherapy may be tremendously beneficial for some individuals, persons contemplating psychotherapy should realize that clients frequently make significant changes in their lives such as in relationships with partners, parents, friends, relatives, co-workers, or others. Clients may change employment, begin to feel differently about themselves, or may otherwise alter significant aspects of their lives. No specific outcome can be promised or guaranteed. If you have any questions about the benefits and consequences of psychotherapy, please feel free to talk with Dr. Hauenstein about them.

**My signature below indicates that I understand and agree to these policies.**

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_