

## Informed Consent for Therapy: NV Residents

*The following information is provided to acquaint you with the policies and procedures of my practice and to better assist you in your efforts towards personal growth.*

### I. Your Rights as a Client

\_\_\_\_\_  
(INITIALS)

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time to not receive therapy from Grace Orlick LCPC. If you wish, she will provide you with the names of other professionals who services you might prefer.
3. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

### II. Confidentiality

\_\_\_\_\_  
(INITIALS)

1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission.
2. If clients enter into family or couples therapy (relational therapy), confidentiality will be kept within the family. The relationship unit is considered the client. Grace Orlick LCPC is unable to keep secrets that may be harmful to the relationship. If someone wants her to keep a secret that can be harmful, treatment may be terminated. If someone needs to work through something prior to sharing the information, she will help the client move to a place where this can be shared. If the person cannot share the information, termination may be necessary and a referral may be provided. During the course of our work together, a smaller portion of the relational unit may be seen for one or more sessions. These sessions should be seen as part of the work we are doing together. If you as an individual are involved in any such sessions, please understand that any information that is disclosed in these sessions may need to be shared with the entire relational unit.
3. There are certain situations where Grace Orlick LCPC is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
  - a. If you threaten bodily harm or death to another person, Grace Orlick LCPC is required by law to inform the intended victim and appropriate law enforcement agencies.
  - b. If you threaten bodily harm or death to yourself, Grace Orlick LCPC will inform the appropriate law enforcement agencies and others (such as spouse, friend or an inpatient psychiatric institution) who can aid in prohibiting you from carrying out your threats.
  - c. If you reveal information related to the abuse or neglect of a child, dependent adult or elderly person, Grace Orlick LCPC is required by law to report this to the appropriate authorities.
4. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

### III. Therapy Services and Fees

\_\_\_\_\_  
(INITIALS)

1. Fees are based on the type of session. *If sessions go beyond the scheduled time, I agree to pay an extra \$25.*

50 minute Individual Session	\$175
50 minute Couple/Family Session	\$200
Intakes (55 minutes)	\$200
Intakes (65 to 75 minutes)	\$225

*Intakes are typically scheduled for 55 minutes, if you prefer to do a longer intake, please notify me before scheduling. Individual sessions are often done as part of couple/family therapy and will be charged at the couple/family rate.*

2. Payment can be made in the form of cash, Zelle or Apple Pay and is due at the time of the visit and balances cannot be carried over to the next session. Credit cards aren't accepted.
3. A receipt it can be provided every 5 to 10 sessions. Please request a receipt via email or text.

\_\_\_\_\_  
(INITIALS)

#### IV. CANCELLATION POLICY/APPOINTMENTS

4. *I agree to attend my scheduled appointments. I understand I will be responsible for scheduling a day and session time with Grace Orlick LCPC. I will provide 24 hour notice if I need to cancel to avoid being charged the session fee. If I do not meet this requirement, I agree to pay the full session fee. I understand it is solely my responsibility to abide by the cancellation policy. I am willingly engaging in therapy and I am committed to the process.*
5. I understand the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
6. Grace Orlick LCPC can be reached via text at (775) 237-3159 for scheduling. Text Messages will be responded to as soon as possible. If you need immediate care or there is an emergency call 911 or go to your local emergency room.
7. If information is to be released to a third party each member who participated in treatment will be required to consent to and sign a release of information.
8. Clients participating in couples/marriage therapy agree they will not seek to subpoena material for litigation against each other at any time

**Client address:** \_\_\_\_\_  
(Please include your full mailing address)

**Available numbers where you can be reached:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

By providing my email address, I hereby give Grace Orlick LCPC permission to communicate with me via email, including but not limited to sending receipts for therapy services.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Emotionally Focused Therapist-In-Training*  
*Recommended Reading: Hold Me Tight®. Author: Sue Johnson*

*Please note rates are subject to change and a minimum of 30 days notice will be provided.*