



ERIKA ENGEL
PSYCHOTHERAPY | COACHING

Consent for Consultation and Psychotherapy

Confidentiality:

All of our communication becomes part of the clinical record and is kept within the strictest confidence. Information can only be disclosed or released to third parties with your written consent. However, I am ethically and/or legally required to disclose confidential information to the appropriate authorities under the following circumstances:

- I have a reasonable suspicion that you are in danger to yourself or someone else
- You report an incident of abuse, neglect or exploitation of a child under 16 years of age
- If you are unable to care for yourself
- If the court issues a subpoena for records or testimony
- You involve me in a lawsuit
- If you report sexual abuse by a regulated healthcare professional

I take part in Professional supervision for quality insurance and training purposes from time to time; I may discuss treatments with professionals who abide by the same rules for confidentiality as I do.

Fees:

I charge \$ _____ plus tax for a 45 minute session. You may pay by **Credit card**.

Cancellations and late arrival policy

Your session times are reserved for you. If you arrive late, the appointment will still end at the regular scheduled time. If I cause the late start or need to end earlier, this time will be made up to you, or the fee will be adjusted.



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Cancellations:

In the event that you are unable to keep your appointment, please notify me as soon as possible, at least three working days in advance. This notification can be sent via phone call, text, voicemail, or email. Cancellations made less than three working days, not calling or not attending will be charged at regular fees.

This policy can be waived in case of an emergency.

Emergencies:

In case of emergency, contact your nearest hospital emergency department.

Consent:

By signing below, I indicate that I have read the above document and that I have an opportunity to ask about its content, that I understand its content, and that I consent to Erika Engel RP to treat me in psychotherapy.

Signature of the client

Printed Name

Date