Richard J. White MA, LPC

Informed Consent

Mission

My mission is to provide counseling in a collaborative and respectful manner to my clients. My intent is to create a welcoming, respectful, and safe space in which to explore problems and to open up new possibilities for clients to grow and change. I work in a collaborative manner with individuals and use integrative approaches that address emotional, spiritual, and physical well-being.

Confidentiality

Our counseling relationship as well as the storage and disposal of records will be kept confidential within legal and ethical limitations. Unless you pose a danger to yourself or to other people, you will be informed when information regarding you is being released. Excluding exceptions specified by law and stated below, and in accordance with established professional ethics, information will only be released if you authorize in writing the release of confidential information. This would then allow me, your counselor, to discuss your case with another person (i.e. doctor, teacher, or relative). Information may be released without your written consent in the following circumstances:

1. You pose harm to yourself or others.
2. You are suspected of the abuse of a single child, multiple children, an elderly person, or multiple elderly people.
3. You are under the age of 16, and have been sexually or physically abused, raped, or are the victim of another crime.
4. When the information is ordered by a court subpoena or a parole officer.
5. You require hospitalization.

Fees

My hourly rate is $150.00. Payment is due at the time of each session. Payment will be collected at the end of each session, and the client may pay by cash, check, or credit card.

No show or late cancellation, within 48 hours could result in fee of $85.00

I appreciate the time you have taken to read this. If you have any questions or concerns now or at any point during our work together, please feel free to ask me. Please sign below to indicate that you have read and understand this.

I have read this informed consent, discussed it with my Counselor, understand the information contained, and agree to participate in treatment under the conditions and terms described.

_____ _____
Printed Name of Client Date

_____
Signature of Client

_____ _____
Printed Name of Counselor Date

_____
Signature of Counselor

To be completed if Client is a minor:

_____ _____
Printed Name of Minor Client Date

_____
Signature of Minor Client

_____ _____
Printed Name of Parent/Guardian Date

_____
Signature of Parent/Guardian

_____ _____
Printed Name of Counselor Date

_____
Signature of Counselor