



Date: _____

Client number: _____

FairView Counseling and The Play Therapy Center Office Policies and Consent for Treatment

WELCOME!

Thank you for choosing FairView Counseling and The Play Therapy Center. As a non-profit counseling agency, our mission is to foster the health and welfare of children by providing quality, mental health treatment. This document is designed to ensure that you understand our professional relationship.

CANCELLATION & ATTENDANCE

Our office is open Monday through Thursday 8:30am – 7:30pm, appointment times vary by clinician. Appointments are approximately 50-55 minutes. Therapy appointments, particularly evening appointments, are in high demand. Your cancelled appointment may be a valuable scheduling opportunity for another client. In the event that you cannot make your scheduled appointment, please contact our office at least 24 hours in advance.

You may leave a voicemail 24 hours a day, 7 days a week.
There is a fee for NO SHOW or SAME DAY CANCELLATIONS.
Inconsistent attendance may result in the termination of service.

Illness - We want to keep everyone healthy. If your child arrives for therapy and is visibly ill and potentially contagious, we reserve the right to refuse treatment in order to protect the wellness of other children and our staff. If your child is ill and stays home from school on the day of your scheduled appointment, please call us as soon as possible. Please **DO NOT BRING YOUR CHILD** if he/she is SICK. Exceptions to the late cancellation fee would be made in such situations.

Weather - Our office is generally open and **DOES NOT** follow school district closings for inclement weather. You may refer to the WFMZ-TV STORMCENTER online at www.WFMZ.com or Channel 69 news for weather closing.

Emergencies - As a client in outpatient treatment, you are expected to manage your day-to-day functioning. In the case of emergency in which you fear you may harm yourself or someone else, call 911 or go to the emergency room.

CONFIDENTIALITY & RECORD KEEPING

Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission. FairView Counseling protects the confidentiality of client information in accordance with legal and ethical requirements of Pennsylvania Code and Federal Law.

On occasion, your therapist may seek the professional consultation of another therapist within the agency to better enhance your treatment. However, any communication outside of FairView Counseling and The Play Therapy Center requires your written consent. Exceptions to confidentiality include child abuse, adult and domestic abuse and serious threat to health/ safety and are reviewed in detail in our Notice of Privacy Practices (HIPAA).

FairView Counseling maintains client records as required by law. Clients may request to review, inspect and/or obtain a copy of their records.

COMMUNICATION POLICY

If you need to speak with your therapist or change an appointment always do so by calling the front office. Emails and faxes are not private, and this type of communication can be intercepted. It is your informed decision to email or fax documents to this office.



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COURT POLICY

FVC therapists do not provide custody evaluation services. Often parents in high conflict separations/divorces want their child therapist to make recommendations regarding custody. American Psychological Association (APA) guidelines make a clear distinction between forensic evaluations and the services that therapists provide to families, children and parents in the course of psychotherapy. In order for children to feel that their concerns can be safely discussed, they must know that the content of their therapy sessions will remain confidential and that their therapist will remain neutral and uninvolved in any parental custody determinations. *If you are looking for expert witness testimony regarding custody recommendations for your child, we can refer you to a forensic evaluator.*

If a therapist is asked by a parent or subpoenaed by an attorney to provide clinical input based on treatment intended for custody recommendations - doing so would be both a conflict of interest, beyond our bounds of competence, and would violate several provisions of Professional Ethical Principles and Code of Conduct. Such actions may result in termination of the therapeutic contact.

PSYCHOTHERAPY SERVICES

Our intake session allows your therapist to get to know you and assess your needs for treatment. After the intake session(s), your therapist will be able to offer you a clinical impression, what therapy will include, and a general treatment plan. If you have questions about your therapist’s procedures, you should discuss them whenever they arise.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, psychotherapy may elicit uncomfortable thoughts and feelings. Psychotherapy also leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

There are many treatment methods that your therapist may use to deal with the concerns that you hope to address. Psychotherapy calls for an active effort on your part. For therapy to be successful, you will have to work on things we talk about both during our sessions and at home.

When clinically appropriate, touch may be used in combination with other therapeutic interventions during play therapy. Physical contact often occurs naturally during a child’s play but may also be used for modeling relaxation and coping skills and/or to help maintain your child’s safety. You are encouraged to discuss this with your child’s therapist if you have concerns.

CONSENT FOR TREATMENT

FVC requires a signed ‘Consent for Treatment’ from BOTH PARENTS REGARDLESS of marital status. You must bring two signed consent forms with you on the day of intake or you will not be seen for your scheduled appointment.

Signing below indicates that you have reviewed and understand the information described above and agree to abide by the contents and terms of this agreement.

PRINT Client name _____

Client signature (age 14+) _____ **Date** _____

PRINT Parent/Guardian name (if client is a child) _____

Parent/Guardian signature _____ **Date** _____

Copy Given to Client _____ Date: ____/____/____