

Sheila Beaty, LPC

1872 County Road 700

Corinth, MS 38834

662-286-6555

INFORMED CONSENT

I acknowledge that I have read (or have had read to me), received, and understand the Professional Disclosure Statement and the Informed Consent. I have had all my questions answered fully.

I hereby seek and consent to take part in treatment with Sheila Beaty, LPC. I understand that developing goals and a treatment plan with Ms. Beaty and regularly reviewing our progress will be in my best interests. I agree to play an active role in the therapeutic process.

I understand that no promises or guarantees have been made or will be made as to results of any treatment or any procedures provided by Ms. Beaty.

I understand that Ms. Beaty will maintain the confidentiality of what is disclosed in these sessions with the exception of the ethical limits of confidentiality as set forth in the Professional Disclosure Statement. I understand that Ms. Beaty may consult with professional colleagues in reference to my case without revealing my identity in order to better serve me.

I am aware that confidentiality while using electronic communications cannot always be guaranteed. I understand that while Ms. Beaty will take every precaution to assure my confidentiality while using electronic communication, this is no assurance that confidentiality can be maintained. Because of confidentiality concerns, Ms. Beaty will not engage in communication via social media with any clients or families of clients. I give Ms. Beaty permission to contact me via:

e-mail

text messaging

leaving a voice mail when calling

I know I must call to reschedule or cancel an appointment as soon as I know there is a scheduling conflict. If I do not reschedule, cancel, or show up for a scheduled appointment, I may be charged for the full appointment.

I understand that I may stop treatment with this therapist at any time. I will still be responsible for payment of any balance if my account is not current.

I understand that if Ms. Beaty is subpoenaed, court-ordered, or asked to testify in court, the standard rate is \$225 per hour. This includes court prep, consultations with other professionals preparing for court, and travel time as well as court time. There will be a two hour minimum charge if she must appear in court. Any time above two hours will be charged at the (court appearance fees, cont'd) \$225 per hour rate. The fees are to be paid in full 48 hours in advance of the court appearance. Any additional fees in connection with the court appearance will be due within 48 hours after the appearance in court.

My signature below confirms I understand and agree with all these statements.

Client signature and Date

Parent or Guardian signature and Date

I have discussed these issues with the client, parent or guardian of the client or other representative. My observations of this person's behavior and responses give me no reason to believe this person is not fully competent to give me willing and informed consent.

Sheila Beaty, LPC

Date

Copy given to client _____

Copy retained by therapist _____