

D'Amico & Associates in Counseling

Informed Consent for Court-Ordered Services

Thank you for choosing D'Amico & Associates in Counseling, LLC for your counseling needs. Today's appointment will take approximately 45-50 minutes. This document is intended to inform you of our policies, State laws, and Federal laws and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

Confidentiality and Emergency Situations

Your verbal communication and clinical records are strictly confidential except for:

- A. Information shared with our staff psychiatrist.
- B. Information you and/or your child(ren) report about physical or sexual abuse, then by Illinois State Law, we are obligated to report this to the Department of Children and Family Services.
- C. Where you sign an Authorization for Release of Information to have specific information shared.
- D. If you provide information that informs us that you are in danger of harming yourself or others.
- E. Information necessary for case supervision or consultation.
- F. Recommendations and compliance reports in the case of court-ordered services.**
- G. When required by law, such as elder abuse.

If an **emergency situation** for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to **contact the emergency services in the community (911)** for those services. D'Amico & Associates will follow those emergency services with standard counseling and support to the client or the client's family.

It is important for you to be aware that computers, email, cell phones, and e-fax communication can compromise the privacy and confidentiality of such communication. D'Amico & Associates currently does not use an encrypting program; therefore, confidentiality cannot be guaranteed through online communication or other electronic media, including cell phones.

I understand the limits of confidentiality while receiving services from D'Amico & Associates in Counseling.

Client Signature: _____ Date: ____/____/____

D'Amico & Associates in Counseling

Notice of Privacy Practices and Client Rights

I/We have read and received a copy of the Notice of Privacy Practices and Client Rights document.

Client Signature: _____ Date: ____/____/____

How may we contact you?

Call or text: (____) _____ - _____

Email: _____

Permission for Minors

I give permission for the following minor child(ren) to receive court-ordered services (add additional lines on back if necessary):

Minor child name: _____ DOB: ____/____/____

Minor child name: _____ DOB: ____/____/____

Minor child name: _____ DOB: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Financial Policies

Fees are due at the time services are provided. If payment is not promptly received, services may be discontinued. In the event that an account is overdue, we will first seek remedy through the court; but if this account is turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed.

I have received a copy of the Service Fees Agreement. Initial: _____

Cancellations and Communications

If you need to cancel or reschedule an appointment, please give 24 business hours advance notice; otherwise, you will be **billed at the hourly rate**. Phone calls over 10 minutes will be charged a pro-rated fee.

I understand the cancellations and communications policies.

Client Signature: _____ Date: ____/____/____

We sincerely appreciate your cooperation and at any time you have any questions regarding fees, balances, or payments, please feel free to ask. You may have a copy of these forms if requested.