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## **INFORMED CONSENT FOR TREATMENT**

This document contains important information about my professional services. Please read it carefully and feel free to ask me any questions that you may have.

## **THERAPY SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first few sessions will involve an assessment of your needs. By the end of the assessment, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and focus for our sessions together. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my practices, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## **APPOINTMENTS**

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, you will be charged for that session. If it is

possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### **PROFESSIONAL FEES**

The standard fee per session is \$150.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, or credit card. Any checks returned to my office are subject to an additional fee of up to \$50.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

### **INSURANCE**

If I do not work with your insurance provider at this time, I will provide you with a receipt at the time of the session, which can be turned into an insurance company for possible reimbursement. As a Licensed Professional Counselor in the state of Pennsylvania my services would be reimbursable by most insurance companies.

### **PROFESSIONAL RECORDS**

I am required to keep appropriate records of the therapy services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me.

### **CONTACTING ME**

I am often not immediately available by phone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) call 911 or 2) contact your local crisis center or nearest hospital emergency room. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

### **OTHER RIGHTS**

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

I have read and understand the information that has been presented to me. In addition, I agree to participate in the therapy process in accordance with the terms that have been explained.

SIGNATURE OF CLIENT  
AND/OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_