**True Self Counseling**

**Cristina Morue, MC, LPC, NCC**

34975 N North Valley Parkway, #152, Phoenix, AZ 85086
Scheduling and Voice Mail (602) 751-0528

e-mail: cristina@trueselfcounselingaz.com • website: www.trueselfcounselingaz.com

**INFORMED CONSENT FOR TREATMENT**

* I am completing this consent for treatment for myself.
* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am completing this consent for treatment for a minor child.
* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this document is to inform you about what you can expect from me and to give you the opportunity to give your consent for various aspects of the therapeutic process. Please feel free to discuss any questions you have during our first session or at anytime.

I am a Licensed Professional Counselor offering individual (adults/adolescents), couples, and family therapy. I have my Master's degree in Counseling from Arizona State University. I have experience working with depression, anxiety, personality disorders, interpersonal issues, Post Traumatic Stress Disorder, impulsive behaviors and relationship issues. I utilize a series of approaches to address my client’s needs including Cognitive Behavioral Therapy (CBT) and Mindfulness based approaches, which include Dialectical Behavioral Therapy (DBT) Acceptance and Commitment Therapy (ACT) and trauma therapy (EMDR) (Eye Movement Desensitization and Reprocessing). I have also received training in Emotionally Focused Therapy (EFT), which is a highly effective treatment for couples.

***Please mark for each paragraph that you read and understand below:***

\_\_ I choose to participate in therapy services with Cristina Morue:

 \_\_ As an individual

 \_\_ As a couple

 \_\_ As a family

\_\_ I give permission to Cristina Morue to provide therapy services to my minor child. *Both parents must sign, in order for me to provide services to anyone under 18 years of age.*

\_\_ I understand that participating in these services is voluntary and collaborative, and that I may end services for myself or my child at any time. I agree to verbally advise Cristina Morue when I decide to terminate services. I understand that, unless otherwise contracted, no contact for 30 days will result in file closure; my file may be reopened upon agreement by both parties.

\_\_ I understand that I will be participating in individual, couples or family therapy services to address issues and concerns that I share with my therapist. I understand that the focus of these services is on helping me reach my individual/couple/family goals. I understand that therapy often results in positive outcomes. However, there are no guarantees that these services will make me or my partner/family members feel better or resolve all of my problems, issues, or concerns. I also understand that the counseling process can open up levels of awareness that are painful (e.g. I could feel upset, anxious, angry, and/or uncomfortable. I may have to face difficult decisions about people, places, or things) in order to feel better.

\_\_ I understand that my client record will be kept confidential, and that confidentiality includes all aspects of the topics discussed within the therapeutic setting. I also understand that, by law, there are limitations to confidentiality in cases when one or more of the following occur: **Intent to commit suicide; Intent to commit homicide; Any other act or intention to act in a way that may be a danger to self or others; Information regarding child or elder abuse/neglect that mental health providers are mandated by law to report; A court subpoena for records; Information regarding unprofessional conduct by another behavioral health professional. In addition, I understand that my therapist is justified in informing an identifiable third party of risk of contagious/fatal disease or potential harm.**

\_\_ I understand that my therapist may consult or seek supervision from a colleague when it is required or deemed necessary, in order to ensure quality care. I understand that my identity will be protected.

\_\_ I understand that I have a right to request a copy of my record in writing and that I will be billed for this service. I understand that I also have the right to sign a written authorization that will allow Cristina Morue, to give and/or receive information verbally and in writing with individuals or entities that I designate.

\_\_ I understand that I have the right to participate in treatment decisions, including the development of my treatment plan. My therapist will work with me to determine the recommended services based on my situation; however I have the right to refuse treatment and to withdraw my informed consent for treatment by providing a written request. I understand that if I submit this request, Cristina Morue will no longer be able to provide me with services.

\_\_ I understand that Cristina Morue has the right to terminate services with me, whether for therapeutic or personal reasons. I understand that should this occur, I will be provided with information on how to obtain alternative therapy services (i.e. referral to another therapist or treatment provider).

\_\_ I understand that the therapy relationship is exclusively therapeutic (e.g. It is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions). I understand that the purpose of these boundaries is to ensure that you (therapist) and I (client) are clear in our roles for treatment and that my confidentiality is maintained. A pattern of canceled or missed sessions may be indicative of problems in commitment to therapy and will be addressed in session. Missing or canceling three sessions within a 90 day period may result in termination of services. Client late arrivals will end on time.

\_\_I understand that Cristina Morue may be delayed in her sessions due to addressing Client needs or for a behavioral health crisis.

\_\_ I understand that Cristina Morue’s office line is NOT an emergency number. In the event of a psychological emergency, I may call the **Crisis line at 1800-631-1314.** In the event of a medical emergency, I should call **911** or to go to the closest emergency room. Otherwise I may leave a message at 602-751-0528 and Cristina Morue will get back to me as soon as possible. I understand that this may take 24 - 48 hours or at the designated time left on her voicemail.

\_\_ I understand that I am financially responsible for any and all charges incurred for the treatment of the above-named client. I understand that I am held liable for any balance due on this account and that this balance will be due and payable on demand. I further understand that overdue accounts, with my name on them, may be submitted to a collection agency.

\_\_ I understand that a therapy session will be between $100 - $160 per hr. Other professional services (e.g. telephone sessions or coaching sessions lasting longer than 10 minutes) will be billed at $100/hr. in 15 minute increments. For services that are not paid in full at the time services are rendered, the fees are as follows: $120 for a 45 minute session and $160 for an hour session. Reduced session fees may be available for financial limitations.

The fees are as follows $120 for Legal services (e.g. court appearances) and associated travel time will be billed at $100/hr. Cristina Morue reserves the right to change her fees with 30 days notice.

\_\_ I understand payment is due at the end of each session. I may pay by cash, check, or credit card. Returned checks will be assessed a processing fee of $35.00.

\_\_ I understand that Cristina Morue currently only accepts Lyra, Aetna and Blue Cross Blue Shield insurance. I understand that payment for services is ultimately my responsibility and not that of the insurance company.

\_\_ I understand that Cristina Morue will bill my insurance company for services rendered if insurance used is Lyra, Aetna or Blue Cross Blue Shield.

\_\_ I understand that Cristina Morue does not correspond with clients via text messages for phone coaching or for a behavioral health crisis. I will accept and send text messages or email for non emergency situations. Please be advised that email or text messages are not encrypted, therefore, confidentiality is not 100 percent guaranteed.

\_\_ I understand that in the event that I do not provide Cristina Morue with at least a 48-hour notice of appointment cancellations, my credit card may be charged the full fee and if applicable, a claim to Lyra will be submitted. Enforcement subject to Cristina Morue’s discretion. To cancel an appointment, call 602-751-0528 or email at cristina@truesselfcounselingaz.com.

\_\_ I understand that Cristina Morue will be out of the office several times a year, possibly for several weeks at a time. I understand that she will provide me with ample notice and a referral to a covering therapist during those times if necessary.

\_\_ In the event that Cristina Morue should die or become incapacitated or terminate her practice, Laura Huber LPC will become your records custodian. She will take over the care of your records and continue your treatment or refer you to another counselor.

\_\_ I/We have read and understand the above information and consent to receive services from Cristina Morue, MC, LPC. Future questions, concerns, or clarifications can be addressed directly with Cristina Morue.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_

**Consent to Treat a Minor**

I/We, the parent(s) or guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the above information and have discussed all aspects of informed consent with Cristina Morue.

I/We consent that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may be treated as a client by Cristina Morue, MC, LPC

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Cristina Morue, MC, LPC, NCC :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_