



3500 Government Street
Alexandria, LA 71302

CONSENT FORM

Welcome: Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey.

My credentials: I am a Licensed Addiction Counselor 1029 by the State of Louisiana.

What to expect from therapy: Addiction Therapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. This means that I focus on helping you uncover the root causes and stuck emotions that contribute to current life distress.

Confidentiality: The information you share with me during therapy sessions is considered confidential information and is protected by state law. As an Addiction Specialist I cannot reveal to third parties whether or not you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so.

In the following instances, however, I may be mandated or allowed to share information without your written consent:

If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.

- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical or sexual abuse, neglect, or exploitation, I am required by state law to make a report to The Department of Children and Family Services with or without your consent.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist I am required to make a report to the licensing board governing the license of the therapist.

- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.
- If you submit an out-of-network health insurance claim and the insurance provider needs information to authorize the therapy or the billing.

Text notifications: When appointments are scheduled, text reminders of your appointment will be sent to your phone you used when scheduling your first appointment. It is your choice to have this information texted to you please circle: **Yes** or **No**. *By signing this consent form, I agree to receive these notifications, and understand that text messages are not a confidential medium for transmitting health information.*

The scope of my services: I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you. *I, the client, consent to the above terms and agree to initiate treatment with Charles R. King, Ph.D. LAC*

(Signature) (Date)