



ARCH PSYCHOTHERAPY & WELLNESS

225 S. MERAMEC AVE, SUITE 218

CLAYTON, MO 63105

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Informed Consent for Services

Therapy Services

Therapy is a collaborative process between you and a professional therapist to work on areas of dissatisfaction in your life and assist you in creating change. For therapy to be most effective, it is important that you take an active role in the process. Therapy is not an identical process for everyone. There are many different methods your therapist may use to address the problems that you identify together. The type and extent of services that you receive will be determined following an initial assessment and through ongoing discussion between you and your therapist. If you have any questions about therapy, you are always free to discuss them with your therapist.

Benefits and Risks

Therapy has benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, or anger. Each person’s experience and outcomes are unique to their own circumstances.

Contacts and Emergencies

You may contact your therapist through their given contact phone number. In case of an emergency, please call 911 or go to your nearest emergency room. In urgent situations you may also contact the local 24 Hour Crisis Hotline: Behavioral Health Response (BHR) at (314) 469-6644. Your therapist is not on-call at all times, and may be unreachable. You may leave an emergency message on his or her voicemail, and your therapist will return your emergency call when they are able.

Electronic Transmissions/Social Media

APW cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any text, email, or internet-enabled communication between you and your therapist involves greater risk to confidentiality than does traditional in-person communication. Please be aware that in order to preserve the professional helping relationship our clinicians do not accept “friend requests” or other attempts to connect on social media by current or former clients.

Termination

You have the right to discontinue services at any time. You will still be responsible for paying for the services already received. Please note in the event we have no kept appointments within the last **60 days and** have no appointments scheduled in the future I will assume that you no longer intend to remain active in this therapeutic relationship and your case will be closed. Provided there are not previously known, appropriate reasons for denial of services you are welcome to contact us for therapy in the future should you again seek treatment.

Cancellation/Fee Assessment Policy

By consenting, you acknowledge our policy to contact us to cancel a scheduled appointment at least 24 hours before the time of the appointment. If you do not cancel 24 hours in advance and/or do not show to your scheduled appointment, you may be charged a cancellation fee (currently \$75/appointment). You also acknowledge that if payment for the services received here is not made, Arch Psychotherapy & Wellness may stop providing services.

Signature of Client

Date

Signature of Client 2 (if applicable)

Printed Name of Client

Printed Name of Client 2 (if applicable)

I, the clinical service provider, have discussed the issues above with the client (and/or his/her personal representative). I believe this person is competent to give informed and willing consent.

Representative of Arch Psychotherapy & Wellness

Date