



## Counseling Information and Consent

Thank you for choosing Durham Psychological Services for your counseling needs. We are a professional psychological office offering counseling, consultation, and training from a world view that actively incorporates the spiritual beliefs and wellbeing of each client. We understand the pressures and problems of living a life of service and personal satisfaction. All of our services are customized to meet your specific needs in your day-to-day living as well as challenge you to discover more meaning and purpose for your life as a whole. To acquaint you further with the procedures and policies of our practice, we are providing the following information.

**Appointments:** The phone number for the scheduling service is **602-663-0796**. If you need to cancel an appointment please give us a minimum of 24 hours' notice. In the evenings and on weekends, you may leave a message on our voice mail, which will accurately record the date and time you placed the call. We will do our best to be punctual for your appointment unless we have an emergency call. We ask that you be punctual as well. If you are late, for any reason, you will receive the remainder of your scheduled time. This is necessary so we can see the next person at his/her scheduled time.

**Emergencies:** We do *not* have a 24-hour answering service. For all after hours **emergencies please contact or go to your nearest emergency room**. To leave a message for your counselor please call the regular day-time phone number, **602-692-9238**.

**Financial Responsibility:** Fees for services are due at the time of the service. Checks can be made to Durham Psychological Services. As another payment option we accept Visa, MasterCard, and Discover Card. Counseling services are generally reimbursable by your medical insurance under *out-of-network, outpatient mental health benefits*. The receipt you receive at the time of service has all the information on it that your insurance company will require to determine your reimbursement. We do *not* file insurance claims for you. If any of these procedures present a problem for you please discuss your concern with your counselor.

**Confidentiality:** Everything about your counseling will be held in strictest confidence (with the exception of those situations which we are required by law to report, including imminent danger to self or others and suspected or reported child or elder abuse). If you choose to have your counselor keep a third party informed of your progress in counseling, it will be necessary to complete a "Release of Information" form that will be kept on file. Your counselor may communicate information regarding your course of care by email or postal mail with his/her supervisor.

**PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE NOTIFICATIONS AND THAT YOU ARE CONSENTING TO RECEIVE COUNSELING BY A STAFF COUNSELOR OR CONSULTING PSYCHOLOGIST.**

\_\_\_\_\_  
Counselee/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date