



HEART-TO-HEART

Depth Psychotherapy, Wellness & Recovery Services

OFFERING TRADITIONAL & NON-TRADITIONAL PSYCHOTHERAPEUTIC SERVICES, TECHNIQUES AND OPTIONS
TOOLS FOR LIVING A BALANCED & MEANINGFUL LIFE



SUSAN NEVADA BARNES NEBEKER, MA, LMFTA, CDPT | Depth Psychotherapist, Marriage & Family Therapist, Addiction Professional
 WA State Chemical Dependency Professional Trainee #CO 60434793 | WA State Marriage and Family Therapy Associate #MG 60357819
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CLIENT CONSENT FOR TREATMENT (Informed Consent)

I hereby attest that I have voluntarily entered treatment at HEART-To-HEART Depth Psychotherapy, Wellness & Recovery Services. Further, I consent to have treatment provided by Susan N. Barnes Nebeker, a Washington State Licensed Marriage and Family Therapy Associate and Washington State Chemical Dependency Professional Trainee. The rights, risks and benefits associated with the treatment have been explained to me. I understand that either party may discontinue the counseling at any time. Open communication between the client and therapist regarding a decision to discontinue services will help facilitate an appropriate plan for discharge.

Client Name (Printed)

Client Signature

Date

CONFIDENTIALITY

Confidentiality of the information my clients share with me is very important. Client files are available only with their written permission. If the client is a minor child, the responsible parent or guardian's signature is required.

Duty to warn:

- The Revised Code of Washington (RCW) requires me to report suspected or known abuse and / or neglect of children or vulnerable adults.
- If you are involved in any litigation and the court is informed of the service I provide, you may be waiving your right to keep your records confidential.
- If you, the client, threaten to harm either yourself or someone else, and I believe the threat to be serious, I am obligated under the RCW to take whatever action deemed necessary to protect people from harm.

CANCELLATION AND NO SHOW POLICY

Clients who are inconsistent in keeping their therapy appointments rarely receive benefit from their therapy. Appointments are scheduled for your therapy, and if you are unable to keep an appointment or will be late, it is your responsibility to contact this office. Clients will be charged full fee for not showing for an appointment or canceling with less than 24-hour notice. Unless notified of late arrival sessions will be canceled at 20 minutes past the scheduled start time and noted as a no show. Frequent short notice cancellations or no shows may result in closing services until you are ready to make a commitment to yourself, me, and therapy.

I have read and understand the above statements and certify that the information provided is true and correct. I understand I may request copies of all forms I have signed included in this intake package at any time.

Client Name (Printed)

Client Signature

Date