

Therapy Agreement

Angie Nelson-Gates Therapy is an outpatient service. I (We) understand I (we) may be admitted if concluded by my assessment or assessor.

I (We) know that Angie Nelson-Gates does not test the need for medicine. Referrals are given for these services if needed.

I (We) will allow the Angie Nelson-Gates to give any therapy, testing, or diagnostic evaluations that may be needed. When I (we) wish to end therapy, I (we) will talk about this with the therapist.

Client's Bill of Rights;

- *To expect that a therapist has met the minimal qualifications of training and experience required by state law;*
- *To examine public records maintained by the Board of Marriage and Family Therapy -which obtains credentials of a therapist;*
- *To obtain a copy of the code of ethics from the Board of Marriage and Family Therapy, 2829 University Avenue SE, Suite 330, Minneapolis, MN 55414-3222;*
- *To report complaints to the Board of Marriage and Family Therapy by calling (612)617-2220;*
- *To be informed of the cost of professional services before receiving the services*
- *To privacy as defined by rule and law*
- *To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;*
- *To have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2;*
- *To be free from exploitation for the benefit or advantage of a therapist;*

Therapy Agreement

Confidentiality may be broken and information shared without the client's permission only in specific situations, such as:

1. When all adults sign a "Release of Information" that states the people/institutions which can be given the information
2. When the therapist must, by law, report abuse or neglect of children, elderly or disabled.
3. When a client is a danger to him or herself or to others.
4. When the therapist is sued by a client for malpractice. When a client uses his or her mental health as a defense in court.
5. When a court orders a therapist to share records of therapy or to testify. A subpoena for records or testimony does not release confidential information. The order to break confidentiality must be given by a judge.

Signing below means that I (We) understand this information. I (We) understand the services of the A n G Therapy. I (We) understand my (our) rights. I (We) know that I (we) will be given a copy of this information.

CHmtfearent/Guardian Date:

CHent/Parent/Guardian Date

Angie Nelson-Gates MA, LMFT
A n G Therapy
Simonton Lake, Elkhart IN
Cell: 612-251-7551