



## Informed Consent

### **SERVICES**

Healthy Sexual Solutions is a private counseling practice. We offer professional counseling, consultation and intervention. We provide confidential services and solutions for adults, adolescents and children regarding sexual disorders. Our services include psychosexual evaluations, sexual interventions, and counseling and treatment for sexual addictions, sexual identity disorder, and adjudicated sex offenders.

### **CONFIDENTIALITY**

The client's privacy will be maintained. All spoken, written, and recorded data concerning each session are considered confidential and will not be divulged to any person, group, or authority without the client's written consent, unless disclosure is compelled by exceptional circumstances. Exceptional circumstances include, for example, an imposed referral or sanction requiring a report to an official, a court ordered disclosure in a legal proceeding or in response to a subpoena, information revealed to group members in group therapy sessions in which participation is voluntarily, when the information disclosed relates to possible abuse, neglect or exploitation of a minor or defenseless person, or when communication relates to a threatened crime or the reasonably likely possibility that the client plans to cause harm to him/herself or others.

### **INTAKE AND REFERRALS**

At the initial appointment, the counselor and client will discuss the presenting concern or predicated issues for which the appointment was made. The counselor will discuss with the client the manner in which Healthy Sexual Solutions will best be able to provide the kind of help needed and specify the limitations and parameters of that service. When Healthy Sexual Solutions is unable to provide the type of service needed or requested, an appropriate referral will be made.

### **SCHEDULING**

Meetings with a counselor are by appointment only. Clients are expected to honor their appointment obligations and are further expected to arrive on time. If a client is unable to keep an appointment, he/she is expected to notify the Healthy Sexual Solutions office in a timely manner to cancel or reschedule. 24 hours advance notification is required to avoid a missed-session charge.

### **RESOLUTION**

The counseling relationship may be discontinued and sessions may be ended at the discretion of the client, unless the sessions are the result of an imposed referral or sanction. Healthy Sexual Solutions may, at any time, due to specified conditions, circumstances or actions, determine that a client is not able to benefit from the services provided and may discontinue service to that client.

### **CONTACT**

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### **SIGNATURE**

My signature below indicates that I have read and understand the information contained herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_