

## COLLABORATIVE CARE OF KANSAS CITY

Jennifer Elliott, LPC

Informed Consent

It is important that you are informed about the therapy services you will be receiving. Your signature below indicates that you have received, read, and understand the policies I have for therapy, so you may make an informed decision.

1. I understand Jennifer Elliott is a Licensed Professional Counselor in the State of Kansas.
2. I understand Kansas Law mandates my therapist as having an obligation,
  - 1) to notify appropriate State agencies of any suspicion of child or elderly abuse
  - 2) a duty to warn others of life threatening concerns should it become necessary, and
  - 3) in legal cases when under court order to provide information
3. I understand Jennifer Elliott is bound by the Code of Ethics set forth by the American Counseling Association (ACA). I can request a copy of the ethics at any time.
4. I understand the confidentiality policies and I agree to them.
5. I understand there can be risks and benefits associated with therapy and have discussed those with my therapist.
6. I understand that if I wish to text my therapist, I agree to use the Signal app.
7. I understand my therapist cannot guarantee privacy and security for teletherapy, and I agree to use the Doxy link that will be provided, or Signal or VSee as backup.
8. I understand that my therapist is under supervision and required to consult with her supervisor regarding my treatment. Supervision is an interactive process that improves the quality of client care, increases clinical skill, and nurtures professional growth.
9. I understand that any requested changes/cancellations made for sessions be 24 hours before the scheduled session. If a session is cancelled or no show 24 hours or less before the session, a \$60 late cancellation/no show fee will be applied to all clients. I understand if there are multiple sessions rescheduled, client may be asked to prepay for sessions at the discretion of the therapist. I understand that all therapy sessions are \$120 a session.
10. I understand that counselors may terminate counseling when in jeopardy of harm by the client, due to any harassment by the client, or by another person with whom the client has a relationship.
11. I understand that if I do not schedule a therapy session with Jennifer Elliott for two months that therapy will be considered terminated. If I schedule again after two months, I will be regarded as a new client.

My signature below indicates that I give my full and informed consent to receive therapy services.

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Client Signature

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Date

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Provider Signature

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Date