

Janet D. Byars, MS, LCMFT
Marriage & Family Life Clinic

913-707-0848

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INFORMED CONSENT

The decision to begin counseling may impact significant areas of your life. When you enter therapy with a good understanding of what you are about to undertake, you are likely to achieve more favorable results. This form contains information to help you make informed decisions about the process of therapy, my services, and policies.

- 1. Therapist qualifications and credentials** - Janet D. Byars is a Licensed Marriage & Family Therapist in Missouri and a Licensed Clinical Marriage & Family Therapist in Kansas. Janet is also an Approved Supervisor for AAMFT and provides supervision in Missouri and Kansas for new clinicians seeking licensure. Janet is an Adjunct Professor at Friends University in the Masters Program for Marriage and Family Therapy.
- 2. Goals of the therapeutic relationship** - Janet works with the goals established by her clients. She may add therapist goals for therapy, which she would be glad to share upon requests. Janet will also provide assessment services.
- 3. Services the therapist can provide** - Janet provides therapy from a systemic frame of reference and works with adults, teens, children, couples and families on a wide range of issues. Janet utilizes assessment instruments for relationships, personality inventories, career assessments, and check lists to screen for mental health issues. Janet speaks on various counseling topics. Janet will suggest an approach tailored to meet your goals and obtain your approval before proceeding. Janet will also inform you of any additional fees for assessment instruments.
- 4. Rights of the client** - In the event of an emergency, you may contact Janet at any time at 913-707-0848 by text or voicemail or email Janet at janetbyarstherapy@gmail.com. Janet will get back to you as soon as possible. If Janet is out of town and there is an emergency, another therapist will be on call for her. Every client has a right to terminate counseling at any time, however, please discuss termination or taking a therapy break during a regular session. You have the right to know your diagnosis and have it explained to you. Janet is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapy (AAMFT). You have a right to request a copy. You have a right to discuss your treatment approach and refuse any treatment. You have a right to ask for an estimate of the probably length of therapy. You have a right to request a referral to another therapist. Files will be close when you are no longer scheduling appointments.
- 5. Behavior desired of the client** - Janet often makes recommendations of things to do between sessions. Completing these should facilitate therapy and reduce the number of sessions needed. Please bring up any concerns that you have about therapy or your therapist so they can be resolved. Please be as open as possible concerning any issues that relate to your problems. Withholding information may cause therapy to take longer, Parents of minor children need to be involved in the therapy in order for Janet to be effective. Please give 24 hours notice of needing to reschedule and preferably 48 hours for evening appointments. If several appointments are missed, or you are no longer scheduling appointments your file will be closed. It will be reopened when appoints are resumed.
- 6. Risks and benefits of therapeutic procedures** - A benefit is that therapy may help you personally and with your relationships. A risk of therapy is that it may not by itself resolve

your problem. Janet will assess your progress with you periodically to ensure movement toward your goals. Another risk is that you may feel discomfort talking about uncomfortable topics, but such discussions are intended to help you accomplish your therapy goals.

7. Financial considerations and arrangements -

The session fee is \$135 for the initial session and \$120 per 45 minute session. You may pay by cash, check or credit card. There is a \$50 fee for appointments cancelled with less than 24 hours notice, or for not showing up for a scheduled appointment. There is a \$25 charge for all letters sent to physicians, employers, or schools. There is a fee of \$150 per hour for Court Reports / Court Testimony including all required time to be present in court.

8. Limits to confidentiality - All information in therapy is confidential with some exceptions. In order to provide other (including insurance with information about the therapy, all participating family members who are 12 or older will need to sign a written release. Other exceptions to confidentiality according to the laws of Kansas and Missouri state regulations are:

- (a) If you reveal the intent to harm yourself and/or others.
- (b) If there are reasons to suspect child or elderly abuse
- (c) in legal cases, the court orders the therapist or your records.

9. Technology Policy Statement: I understand that although both my therapist and I take precautions to ensure mine or my family’s confidentiality of information transmitted through the use of computers, electronic mail, fax machines, cell phones, text messaging, voicemails, and other electronic or computer technology; I have been informed and understand the risks to privacy and limits to confidentiality by these forms of communication.

Email: I understand that should my therapist contact me via email, the intent of the email will be to communicate information for the client’s use only or to confirm an appointment.

Texting: I understand that should I or my therapist contact me via text messaging, the intent of the text will be to confirm or change a scheduled appointment time only.

Social Networking: Online social networking sites like Twitter, Facebook, or MySpace are strictly prohibited as a means of communication with my therapist.

My signature indicates that I understand and agree with the therapist’s policies and give informed consent to receive therapy services from Janet D. Byars. To be signed by all participating family members 12 years old and over.

I/we authorize Janet to release our name only to our referral source to thank them for our referral to her, unless the referral source is from advertising or an insurance company.

I acknowledge that I have received a copy of the therapist’s Notice of Privacy Practices.

I/we agree to pay any remaining fee that insurance does not cover.

Signature Date

Signature Date

Signature Date

Signature Date