

## PATIENT RIGHTS AND INFORMED CONSENT FORM

Pamala Roskelley CMHC

Certified Mental Health Counselor

This is a statement of the information you need to know in order to make informed decisions about your therapy and to assist you in taking an active role in your therapy. If any of this information is unclear, please ask Pamala Roskelley to clarify it before you sign the form. Your signature indicates that all the information and conditions outlined here are understandable and agreeable to you.

1. Therapy is an interactive process meant to promote change and understanding in line with the goals that you set with Pamala Roskelley CMHC. You are expected to be an active participant in therapy and to contribute to all decisions regarding interventions and treatment plans and to ask any questions you may have.
2. You have a right to question any part of your therapy, to refuse any intervention that is suggested, and to discuss any concerns with Pamala Roskelley CMHC. Pamala Roskelley will inform you of any therapeutic plans to help you reach your goals and shall describe any risks (if any) that may be involved.
3. The length of sessions and the total number of sessions required are both negotiated with Pamala Roskelley. Sessions are typically 50 minutes in length for individuals, and 1 hour and 20 minutes for couples. The number of sessions will vary depending on your particular situation and issues.
4. You have the right to terminate therapy at any time and will be expected to pay only for those sessions completed. If you wish, Pamala Roskelley shall provide you with the names of other qualified therapists.
5. Psychotherapy sessions are confidential within the limits of the law of the State of Utah, HIPPA, and any relevant professional ethical codes. Specifically, this means that information you disclose in a professional relationship will not be revealed to anyone without your written permission, with the following exceptions:
  - a. If you request that Pamala Roskelley submit an insurance claim on your behalf, information about your diagnosis, treatment plan and dates of session may be revealed to your insurance carrier.
  - b. If there is evidence to suspect that a child or elder is being abused in any manner, Pamala Roskelley is required by law to report the "reasonable suspicion" of such abuse.
  - c. If you are in imminent danger of harming yourself or another person, Pamala Roskelley is required to take reasonable steps to prevent such harm from taking place.
  - d. In the event that the legal system becomes involved in any manner in your case, the implications of this will be discussed with you prior to any action being taken by Pamala Roskelley. If you tell me of a crime you intend to commit I am obligated to inform the legal authorities.

- e. If you have a communicable disease you deliberately intend to pass on to a specific person, Pamala Roskelley is required to take reasonable steps to prevent this.
  - f. Occasionally, I consult with other professionals about cases. I will keep your information confidential if such consultation takes place.
6. While you have the right to review your clinical record at any time, these records belong to Pamala Roskelley. If you wish, Pamala Roskelley will review these records with you and answer any questions concerning information contained in the records. If you request, any part of your clinical record may be released to any person or agency you designate.
  7. If you have an emotional, behavioral, or medical crisis call the University of Utah Neuropsychiatry Institute at 801-583-2500, call 911, or go to the nearest emergency room. Pamala Roskelley Counseling does not provide 24 hour crisis services.

By signing the below, I certify that I understand and agree to all the information as presented above.

---

CLIENT SIGNATURE

---

DATE