



Durango NVC Services

Informed Consent

1. The information you provide during your evaluation or treatment is confidential with the following exceptions:
 - A. Serious threat of harm to yourself or others.
 - B. Child abuse must be reported.
 - C. Those to whom you have authorized or to whom you later authorize me in writing.
2. In a Worker's Compensation cases your reports and treatment notes will be sent to your Worker's Compensation carrier and doctor.
3. You have the right to get a second opinion or terminate treatment or evaluation at any time.
4. If I have difficulty collecting fees from you, your signature below indicates your approval for me to (a) release requested documentation or other information necessary to obtain these fees, (b) utilize a collection agency to collect fees.
5. Edit Aquarian, NLC does not provide 24-hour emergency service. In case of emergency you are advised to contact your primary care physician, county mental health office, call 911 or go to the nearest emergency department for assistance.
6. You are entitled to receive information from your provider about fees, methods of therapy or evaluation, methods and techniques used and duration of treatment or evaluation (if it can be determined).
7. Sexual contact between therapist and client is not part of any recognized therapy. Sexual intimacy between patient and therapist is illegal. This should be reported to the state grievance board: Colorado State Grievance Board, 1560 Broadway, Suite 1370, Denver, Colorado 80302, Ph:303-894-7766.
8. If Edit Aquarian, NLC must appear in court on your behalf there will be a charge of \$115 per hour from the time I leave my office to the time I return to the office and \$90 per hour to prepare. A fee of \$90 per hour will be charged to speak with an attorney or give a deposition. This charge is not billed to insurance and will be the patient's responsibility to pay.

By signing below I certify that I have been informed of my therapist's credentials and license.
I further certify that I have read this agreement or that it has been satisfactorily explained to me.
I understand my rights.

Client Signature _____ Date _____

Parent/Guardian _____ Date _____

Therapist _____ Date _____