

Brooke Randolph



740 East 52nd Street, Suite 9
Indianapolis, IN 46205
317-455-LMHC

Informed Consent Contract

Counseling or coaching is an individualized process. You choose the goals most pertinent in your life, and I will use my experience and training to assist you in reaching those goals. At times, I may suggest goals which I believe may also benefit you based on what you have told me about what is most meaningful to you. Therapy may involve discussing unpleasant aspects of your life, thus you may experience uncomfortable feelings. On the other hand, these types of services have been shown to have benefits for those who engage in the process. Relationship improvement, solutions to specific problems, and reductions in distress are some of the common benefits. It is important to me that you receive the benefits from this process which you desire. I am always open to your requests, questions, or concerns. If for some reason I believe another professional may be beneficial to you, I will discuss referral options with you to ensure that you are receiving the best treatment available. This process requires a level of trust to be most productive. It is my hope that frank explanation of what you can expect will be the beginning of building this trust.

Your confidentiality is always a priority in this process. Your identity, personal information, and topics discussed will be protected with the highest standards available. Without your written permission, information about you shall not be shared. Even after written permission is granted, it may be revoked at any time. If you choose to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of the internet service provider from which it is sent and received. While under normal circumstances these logs are not viewed, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Email should primarily be used for scheduling appointments; it is not the media for sensitive, therapeutic information. If you choose to pay via credit card, I cannot guarantee the confidentiality of those records. If you choose to utilize a third party teleconferencing software in place of office visits, I cannot guarantee that you will not be overheard, depending on the setting that you choose. Please be aware of your surroundings at any time when speaking with my phone.

If there is concern of danger or harm to yourself and/or others, I am legally required to report this information to the authorities to ensure the safety of all. In the case that you are threatening harm to yourself, I may be obligated to contact loved ones to provide protection and/or seek more intensive treatment. I may also be required to take protective actions if I believe you are threatening harm to another. These actions may include notifying the potential victim, contacting the police, or more intensive treatment. I am obliged by law to report any suspicion or allegation of abuse or neglect to a child, elderly or disabled person. Rarely, a court order, issued by a judge, may require that your personal information is shared. If I am subpoenaed to court on your behalf, a retainer for my time may be requested at least one week prior to the court date. My full hourly rate, not the sliding-fee scale, applies for any time required to travel to a court date, be a part of proceedings, prepare documentation, etc. I may occasionally find it helpful to consult other professionals. During a consultation, I make every effort to protect the identity of my clients. The professional with which I would consult is also legally bound to maintain your confidentiality.

All appointments must be scheduled in advance. While I utilize a true hour rather than a "therapeutic hour" (45-50 minutes), the last few minutes may be used for review, to schedule your next appointment, etc. Your timeliness is appreciated as I may not be able to extend sessions beyond our scheduled time if you are running late. Appointments must be canceled 24 hours in advance; if you fail to cancel any appointment with at least 24 hours notice, you will be

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responsible for half of the meeting fee. Emergency situations do occasionally arise, and I may waive this failed appointment fee at my discretion. I will make every effort to respect your time to the same degree that I have requested for myself.

I am often not immediately available by telephone; however, I will make every effort to return calls promptly. Non-emergency phone calls will not be returned after 5pm, on weekends, or during holidays. If I will be unavailable for an extended period of time, I will provide you with contact information for a colleague that can be contacted in an emergency situation. In the case of an emergency, if you are unable to reach me, please contact your primary medical provider or the nearest emergency room. If you are feeling suicidal, support is available 24 hours/7 days per week at 1-800-273-TALK (8255).

My hourly rate is \$150 per hour. A fee reduction form can be completed and that discount will be honored from the date that it is signed and all necessary documentation has been turned in. You will be asked to provide copies of income tax returns or check stubs to secure this rate. Payment is expected prior to all scheduled meetings. Phone calls lasting less than ten minutes are normally not billed. However, if more than ten minutes per week is spent on the phone, receiving phone messages, or reading and responding to emails, this time will be billed on a prorated basis. Other services subject to prorated fees include, but are not limited to, court testimony, report writing, or communicating with others at your request.

By signing this contract, you are stating that you are requesting these services and agreeing to them voluntarily. You agree to hold Brooke Randolph, LMHC, and Brooke-Randolph, LLC free from any liability including loss of income, loss of property, or financial responsibility for injuries incurred, regardless of whether injuries occurred in or around the office space utilized. You understand that you responsible for any choices you make that are directly or indirectly related to services received. No assumption of responsibility is made, or given, and you agree not to hold Brooke Randolph, LMHC responsible or liable in any form or fashion, for such actions taken of your own accord. By signing this agreement, I acknowledge the following conditions and release Brooke Randolph, LMHC, and Brooke-Randolph, LLC, from all liability related to any claims or litigation arising directly or indirectly from my participation in counseling services. You can choose to terminate services at any time.

I look forward to joining you in your journey toward more whole-hearted living and conscious relationships. If you have any questions or concerns, at any time, I would be happy to address those with you.

By signing below, I indicate that I agree to all terms as listed in this contract

Signed: _____ Date: _____

Name: _____ Date of birth: _____

Mailing Address: _____

Email: _____ Phone: _____

May I leave voicemail for you at this number: (circle) Yes or No

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