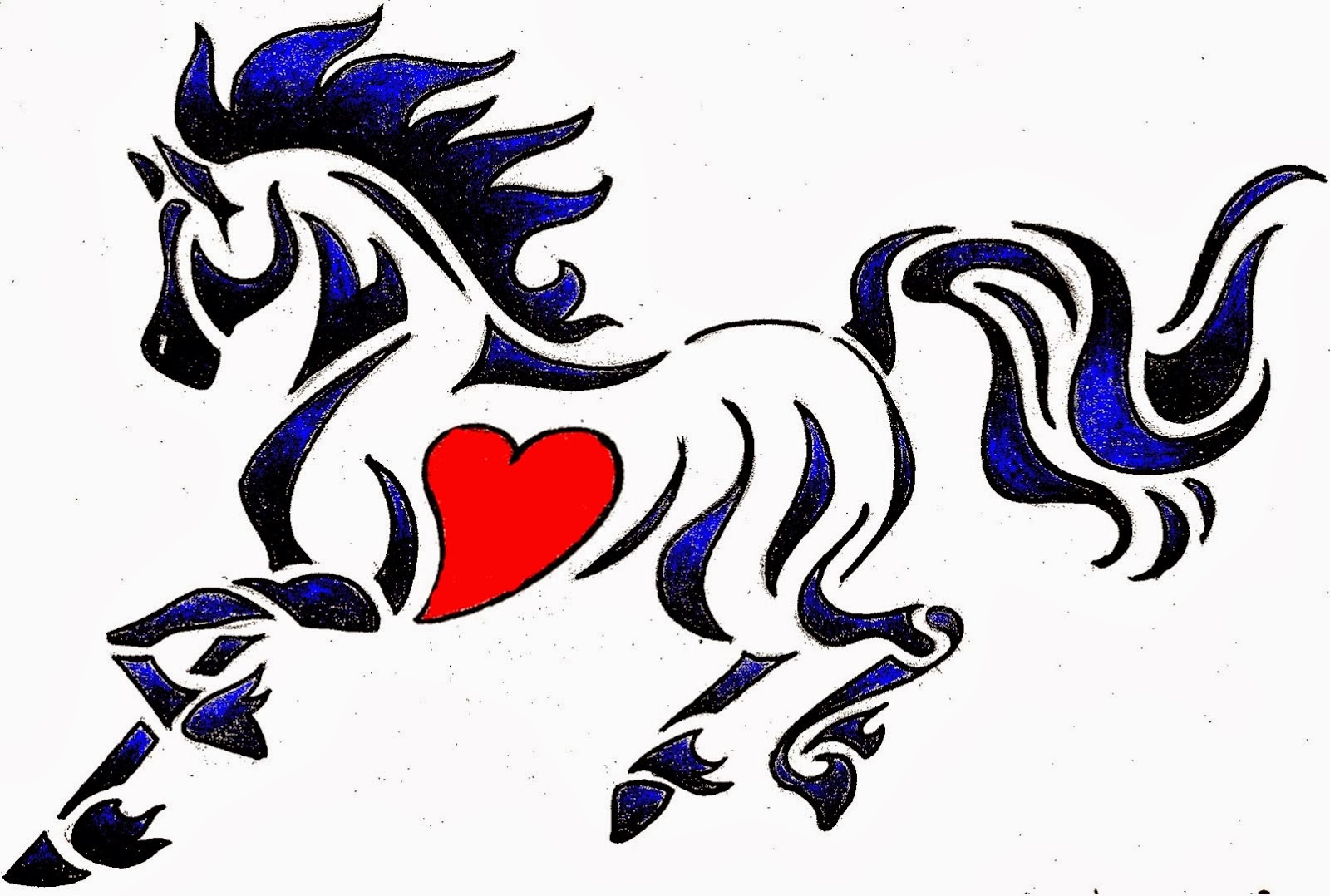
**Sonja Bigalke-Bannan, MSW, LCSW**

Licensed Clinical Social Worker, EAGALA Equine Therapy certified,

Harm Reduction Therapist, EMDR certified

(808) 388-4947

[Sonja@hearthorses.com](mailto:Sonja@hearthorses.com)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Informed Consent**

**Part I: Your Rights as Client(s)**

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of 18, all custodial parents have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may choose to allow confidentiality between the child and therapist.

2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost equal to or less than my own usual customary fee.

3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision without consulting with me.

4. You have a right to review your records in the files at anytime. I do not keep any ''secret notes'', so please do not ask me to do so.

5. One of the most important rights involves **confidentiality:** Within limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member or a couple is being seen in therapy, the therapist views the family/couple as a whole as the client. Therefore, releases of information for family/couple sessions require the written approval of every consenting member of the family who was present at any time during the treatment.

6. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.

7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) if you threaten grave or bodily harm or death to another person, I am required by law to disclose the situation to the appropriate authority; (b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; (d) If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court; and (e) If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).

**Part II: The Therapeutic Process**

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values; that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits; however, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

**Part III: Contract Fees and Length of Therapy**

*1. I agree to enter into therapy with* Sonja Bigalke-Bannan, MSW, LCSW

*For cash paying clients the fee for services will be* ***$****100 per 55- minute session for individual; $100 for couples/family counseling.*

*(a) Payment is due at the beginning of each session, and no balance will be carried.*

*If you choose to go through your insurance, and your plan includes a co-payment, payment is due at the beginning of each session. You are responsible for accurate and appropriate knowledge of your plan coverage, as well as cooperating with your insurance company to support prompt payment.*

*2. Forms of payment accepted: Cash, Check, or Credit Card. For any return checks, a fee of $30.00 will be assessed.*

*3. I understand that I will be responsible for payment in full.*

*4. If you are running late for your appointment, please call or text (808)388-4974. Your appointment spot will be held for 15 minutes. After that period, the therapist reserves the right to cancel the spot and charge for a missed session.*

*5. A 24 hour notice is required for cancellation of a scheduled sessions. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be my responsibility.*

*6. In the instance of multiple missed or canceled sessions, I understand the therapist is not obligated to schedule future appointments. If appropriate, referrals for other qualified professionals can be provided upon request.*

*7. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, only biographical information and the amount owed will be disclosed, in order to ensure confidentiality.*

*8. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to*

*complete treatment as recommended by the therapist. I am contracting only to pay for completed therapy sessions.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*9. For after hour emergencies, please call the Crisis Hotline at (808) 832-3100, go to your nearest emergency room or call 911.*

*10. I understand that the therapist will not automatically engage in court hearings or proceedings. There are special circumstances which may be discussed but the therapist always reserves the right to respectfully decline.*

*11. Additional services not covered by insurance, will be pro-rated at an hourly rate determined by the therapist; this may be discussed in session. Services may include: written reports, letters, forms, after hours (non-emergency) calls, consultation, meeting attendance, tele-conferences and any court involved activities.*

**I acknowledge and understand my individual rights and also the rights and obligations of Sonja Bigalke-Bannan, MSW, LCSW. I agree to all the above terms of this contract.**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**