

# The office of Angela Thomas Jones, MA, MLADC, RYT

P.O. Box 445 Franconia, NH 03580 603 616 2019 [www.AngelaThomasJones.com](http://www.AngelaThomasJones.com)

## **Consent for Treatment**

You have contacted this office seeking counseling services. Angela has worked in the field of mental health and education for two decades and is recognized by the state of NH and internationally as qualified to deliver counseling services. You will have the opportunity to share your problems, concerns and background with your therapist. Together, you will explore methods available to help you. If you have any questions, bring them up; if it is after the session, you may call, email, or bring them up the next time you see your therapist.

## **Access**

If you need emergency help between sessions, please contact your Primary Care Physician, call 911 or go directly to your local hospital Emergency Room. You may call 603 616 2019 at any time and leave a message about appointments or urgent needs. Generally messages are returned within 24 hours.

## **Privacy**

You can expect your session to remain confidential. What is discussed during your session is not shared with ANYONE outside of this office, not to our families, not to your relatives, not to your employer unless authorized by you in writing and within Federal mandates regarding your rights to privacy. If you see your therapist in public, you may choose to say hello or not, we will not be offended if you do not say hello. Other clients whom you see at this office appreciate the same privacy you do' please do your part in maintaining the confidentiality of this office.

## **Time**

All sessions are generally 45 – 60 minutes long. The end point of therapy is up to you unless otherwise mandated by court requirements. If you wish to change your goals for therapy, or have met your goals, you may bring this up in session, by phone, or in writing. If you discontinue coming without notice, the therapist will assume you have reached a satisfactory completion and close your file. Many people find it satisfying to review progress in a final session to better understand how goals have been achieved and to prevent further problems.

## **Missed Appointments**

Your time and the time of your therapist is precious. If you miss appointments or change them at the last minute, you may have to wait for openings and delay your care. Continued missed appointments will result in termination of services or referral elsewhere for services. If you have trouble keeping track of appointments, it is a good idea to discuss this with your therapist to come up with some methods that will help ensure your continuation with scheduled care. In all cases, it is easier to accommodate changes in schedule if you call as soon as you are aware of your need to make a change.

## **Sharing of Information**

You may choose to sign a paper called a "Release of Information" to have your therapist talk with your other doctors or your school about any needed information. This can be helpful for students who may need special considerations due to stress. It can also be helpful to bridge information if you have been in counseling before so you will not have to repeat yourself. Other important details related to Federal Law requirements and your rights to privacy will be reviewed with you at your first appointment.

## **Roles**

Your main business here is to improve the conditions of concern to you. Your role in therapy is to be an active participant in your own improvement. Other roles that can interfere with this are discouraged; so, your therapist will not be doing business outside of counseling with you, nor will you be developing an outside friendship. The special teamwork you develop in your therapy together may seem like a special friendship, yet your activities will remain with the therapy methods. The effects will hopefully expand across your life, as you apply what you have learned. If this type of relationship feels like a good friendship, then you may apply these experiences and learn ways to improve your friendships with others.

**Finances**

The fees for the services provided by this office are explained on the Payment & Fee Agreement form. Your payment options should be discussed prior to your first appointment. It is expected that you will arrive at your first appointment prepared to make payment for this service. You are responsible to keep the office up to date on your address and contact information.

**Quality of Care**

Your therapist provides these services within the terms of standards of practice and code of ethics which are available upon your request. You may view the credentials, training and education vitae by visiting [www.AngelaThomasJones.com](http://www.AngelaThomasJones.com) . If you have any concerns about your care, please contact the executive director of this office so that we may be able to best help you reach your treatment goals. We look forward to working with you and assisting you in reaching your goals for this work.

Please sign this consent for treatment form.  
A copy will be given to you.

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CLIENT (over age 16)

Parent/Guardian (if client under age 18)

Date \_\_\_\_\_

Date \_\_\_\_\_

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witness