

**INFORMED CONSENT Effective September 1, 2023**

**IMPORTANT INFORMATION ABOUT CONFIDENTIALITY**

Many people believe that everything that is said in therapy is always kept confidential by their therapist. I am committed to keeping what you tell me private and confidential. However, some laws and careful professional practices may require me to tell others what you have said to me. Please carefully read and initial each of the following statements about some of the situations in which I cannot promise to protect your confidentiality. Changes in the laws and other circumstances out of my control may add situations to the list below that may affect your privacy. Please ask questions about what you read and only initial or sign when you are satisfied you understand the answers.

\_\_\_\_\_ I understand that my therapist is required by law to report suspected or actual incidents of abuse or neglect of children, the elderly or others unable to care for themselves, or if I am in possession of child pornography.

\_\_\_\_\_ I understand that the law permits my therapist to notify law enforcement officials or medical professionals if she believes I am dangerously close to harming myself or others.

\_\_\_\_\_ My initial here gives my therapist permission to notify the following persons in cases of emergency or if she believes I am dangerously close to hurting myself or others. I understand that my therapist may choose to tell the following persons in order to get me the best help possible.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
# \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
# \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ I understand my therapist is concerned about the life and safety of all persons and that she may choose to notify any person she perceives I am dangerously close to harming (in addition to notifying law enforcement officials) in order to safeguard my safety and the safety of others.

\_\_\_\_\_ I understand my therapist may be required to turn over my mental health records to an attorney or a judge if I am involved in a legal case such as child custody, civil litigation or criminal proceedings.

**FEES AND APPOINTMENTS**

\_\_\_\_\_ I understand I am responsible for paying a fee of \_\_\_\_\_ for each 45 - 50 minute therapy session and that I will pay, by credit card, at the time of service rather than accumulating a balance.

\_\_\_\_\_ I understand for phone conversations lasting longer than 15 minutes, I will be charged the rate of \$275 per hour in 15 minute increments.

\_\_\_\_\_ I understand I will be charged and expected to pay for missed (no show) or late cancelled (with less than 24 hours' notice) appointments.

**THERAPIST CONSULTATION**

\_\_\_\_\_ I understand my therapist may consult with another colleague concerning my case in order to assure high quality service to me. I understand that she will protect my identity and confidentiality (within the limits listed above) when consulting with other professionals on my behalf.

**ASSESSMENTS AND REPORTS**

\_\_\_\_\_ Should I require a letter of attendance or completion, or an assessment report, I charge \$275.00.00 per hour and require 1 weeks' notice. If you need a copy of your records, there is a \$100.00 copying fee, and I require 1 weeks' notice.

**For issues or concerns with this form please contact Texas Behavioral Health  
Executive Council,  
333 Guadalupe Street, Austin, TX 78701 512-305-7700**

**INFORMED CONSENT Effective September 1, 2023**

**LEGAL REPRESENTATION OR COURT ORDERS**

\_\_\_\_\_ I am required by law to turn over a copy of my records if I receive a subpoena from a judge. If you are involved in a legal dispute and would like testimony from me, I require a \$4000.00 retainer, and I charge \$375.00 per hour with a minimum charge of 8 hours. This would include any preparation time, travel, and my presence in court or at a disposition. My signature below means I have read this form, been given opportunity to ask questions and have received answers to my questions that I understand. My signature also means I am making a voluntary, informed choice to enter a counseling/therapy relationship with Marie Krebs.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**For issues or concerns with this form please contact Texas Behavioral Health  
Executive Council,  
333 Guadalupe Street, Austin, TX 78701 512-305-7700**