

**Christina Allen, LICSW
595 Dorset Street, #2
South Burlington, VT 05403**

CLIENT'S DISCLOSURE AND CONFIRMATION AND INFORMED CONSENT

I understand that I have been given the professional qualifications and experience of Christina Allen, LICSW; a listing of actions that constitutes unprofessional conduct according to Vermont statutes; and the method for making a consumer inquiry of filing a complaint with the Office of Professional Regulation.

I voluntarily consent for Christina Allen, LICSW to provide clinical evaluation and counseling services for myself or my minor child, and to bill my insurance company for those services (if choosing to provide insurance information). I understand that billing my insurance includes use of an appropriate mental health diagnosis for which treatment will be provided and that this diagnosis will be part of my record.

I understand that there are both benefits and risks involved with psychotherapy and I understand the limits of confidentiality.

I understand that Christina Allen, LICSW does not have 24 hour emergency coverage for her practice. I am aware that I must contact my local crisis hotline or emergency room in the event that I require immediate mental health services.

I understand that Christina Allen, LICSW is a mandated reporter and is required by law to report concerns that a child, elderly person or a disabled person is being emotionally or physically abused.

I understand that I will be charged a \$50.00 fee for appointments that are missed or cancelled with less than 24 hours notice. Cancellations can be made via telephone or email.

I understand that Christina J. Allen, LICSW and/or her records/files will not be available for any court proceedings or hearings and I agree not to subpoena Christina J. Allen, LICSW for her records/files.

Client or Guardian Signature

Date

Christina Allen, LICSW

Date

Signature of Minor Client

Date

Printed Name of Adult Client or Guardian