

Zaccari & Associates, LLC  
1717 North 77th Street, Suite 14  
Scottsdale, AZ 85257

### **Informed Consent**

#### **CONFIDENTIALITY:**

The Code of Ethics of the American Psychological Association, and the laws of the state of Arizona ensure that the conversations you have with a psychotherapist will be held in the strictest of confidence. No information about you, or your issues will be shared without your permission with few exceptions. Therapists are legally bound to share information given in confidence under the following circumstances:

If there is reason to believe that a client is a danger to self or others (threatens grave bodily harm, discusses plans to terminate their life); describes a situation in which a therapist has reason to suspect child or elder abuse or neglect; and/or there may be other situations specific to a legal matter in which confidentiality is waived.

#### **COUNSELING WITH MINORS:**

Since counseling can succeed only in a trusting climate, parents are encouraged to respect their child's right to privacy and confidentiality; therefore the specifics of the therapy conversations with the child will be kept confidential. Parents can be assured that their child will be encouraged to share critical information and feelings with them. Additionally parent will be given information about general issues at hand as well as a clear summary of treatment.

#### **IN CASE OF EMERGENCY:**

If a crisis situation arises between therapy appointments, call the office telephone number and follow the instructions. In a crisis situation in which you need to speak directly and immediately with a counselor, call Banner Behavioral Health 24 hour crisis line 1-800-254-4357. In case of a medical emergency, call 911 or go to your nearest emergency room.

#### **CANCELLATION OR MISSED APPOINTMENT:**

Kindly give 24 hour notice if you are unable to keep your scheduled appointment. A charge of \$50.00 may be made for time reserved if prior notice is not provided. If calling on a weekend to cancel a Monday appointment, please leave a message on our voicemail. Keep in mind that insurance companies do not reimburse for missed or late appointments. If a transportation problem develops please consider a telephone session in place of a face to face session in order to make use of the time reserved.

#### **FEES FOR SERVICE:**

Individual/Family (out of office): \$130.00      (in office): \$120.00      Missed appointment: \$50.00

I have reviewed the above information and I am satisfied that my questions have been answered. I agree to have myself/ daughter/ son participate in treatment.

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