INFORMED CONSENT & THERAPY CONTRACT

It is important that you are fully informed about the therapy services you will be receiving before deciding to begin therapy. Your signature below indicates that you have received, read, and understand the practice policies of this therapy site.

1. I understand that this site is associated with the MidAmerica Nazarene University Play Therapy Certification Program and that I will be working with a Play Therapy Intern.
2. I understand that the therapist is bound by the Code of Ethics set forth by a professional organization.
3. I understand the confidentiality policies concerning case consultation. I also understand that, according to Kansas Law, the therapist has an obligation 1) to warn others of life threatening concerns should it become necessary, 2) to notify appropriate state agencies of any suspicion of child or dependent adult abuse and, 3) to provide information in legal cases when under court order, and 4) to release information from my child’s file when I request this using a written release.
4. I understand that there can be risks and benefits associated with therapy and have discussed those with my Play Therapy Intern. I also understand that no promises have been made to me as to the results of treatment or of any procedures provided by the therapy team.
5. I understand that we may leave therapy at any time and agree to discuss the termination of therapy with my Play Therapy Intern at a regular therapy session rather than by phone.
6. I understand the financial policies of this therapy site and agree to pay $____________ for therapy at the beginning of each session.
7. I have received the client information sheet informing me of my rights and other pertinent information. I have also received a list of resources and phone numbers to be used in emergency situations. This information has been explained to me and any questions answered by my student therapist. _________ (Client Initials)

My signature below indicates that I give my full informed consent to have my child, _________________, receive therapy services from this site.

Parent Signature _________________________________                     Date ___________

Parent Signature _________________________________                     Date ___________

PTC Intern Signature ______________________________                     Date ___________