ASPEN GROVE
FAMILY THERAPY

Single Session/Walk-in Therapy Services Consent Form

Aspen Grove Family Therapy is happy to introduce Single Session/Walk-in Therapy! This modality can be used for people who do not have an established mental health provider and need immediate services. There is no expectation of continuing services after the single session. The following policies apply only to Single Session/Walk-in Therapy. If you are interested in our general clinical policies, please visit the following website:

- https://drive.google.com/drive/u/2/folders/16HRFvar_T1S4Q2I4R_DnL35II9q63lyg

Please read the following information carefully because it will help you use our services effectively. Feel free to ask any questions you may have.

Use of Single Session/Walk-in Therapy

Walk-in Therapy is offered at specific times and on specific days (posted on our website and our Google Page). At any given time during these hours three providers will be available to take clients who walk-in to our clinic without having to schedule an appointment.

This service isn't primarily for crisis intervention and should be used to help clients facing a variety of concerns and want to get guidance from a mental health professional. If the mental health provider identifies a crisis or other urgent matter, they may refer the client to other higher levels of care (i.e., Crisis Responses Team, Emergency Department, Police Department, etc.).

This service is exclusively for clients who are 18 years or older. Children may not use these services due to legal and ethical challenges regarding providing therapy services to children.

Using these services DOES NOT establish the client as a regular therapy client. These services are solely SINGLE SESSION therapy. If you need continued services, you will have the opportunity to submit your information for a regular intake to be established with a provider regularly.

Session Make-up

Each session will include a brief explanation about informed consent for therapy services, identification of the problem the client is wanting to be seen for, exploration of current resources and previous attempts to resolve concerns, presentation of recommendations and interventions regarding concerns.

Limits to Confidentiality

Each session will be held confidential with the exception of situations where a client discloses, they intend to harm themselves, or another person, or suspicion of harm to children or vulnerable adults.

Important Statement about the Therapeutic Relationship

In the past some providers have abused their position in the therapy relationship by engaging in a romantic and/or sexual relationship with clients. This is both illegal and unethical. If this has happened to you in the past, or should it happen to you in the future, these instances should be reported to the licensing board to both protect yourself and other clients. You may contact the board by using the following information:

Idaho Department of Professional Licensing –
Counselors and Marriage and Family Therapists

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11351 W. Chinden Building #6
Boise, ID 83714
208-334-3233

Social Work Examiners
11351 W. Chinden Building #6
Boise, ID 83714
208-334-3233

Training & Background

Our providers come from a diverse clinical training and personal background that brings variety to the options of treatment approaches you may choose from. Each of our providers have an up-to-date profile featured on our website. To gain a better understanding of each, please visit our team webpage:

- https://aspengrovetherapy.com/team/

Providers who are under supervision will have the supervisor's name and contact information clearly stated on the webpage. You may also obtain a separate document detailing the providers qualifications and training by following this link:

- https://drive.google.com/file/d/1IKjdZAGV5bhcfvcNd9LJSbtswxM2lpCg/view?usp=sharing

Fees for Services

At this time, Aspen Grove Family Therapy does not bill insurance for Single Session/Walk-in Therapy. These services will be billed at the time of service at the rate of $75/hour. Clients are expected to pay before services are rendered. If services extend beyond one hour, clients will be required to pay the remainder of the balance at the end of the session.

Acknowledgement of Informed Consent

I have received and reviewed a copy of the *Single Session/Walk-in Therapy Services Consent Form.* I understand the information contained in this form and consent for myself to receive services at Aspen Grove Family Therapy. I acknowledge that I am responsible for payment of the services rendered by Aspen Grove Family Therapy and will comply with the payment policy and fee schedule as outlined in this form. I authorize Aspen Grove Family Therapy, or any collection agencies used by the professionals in this office to contact me by my cellular telephone for billing activities or payment arrangements.

_____
Client Name (please print)

_____ _____
Client Signature Date

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Signal Session/Walk-in Therapy Demographic Form

(Please Print)

CLIENT INFORMATION					
Client's Name - Last: First: Middle			Marital status (circle one) Single / Mar / Div / Sep / Wid		
Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ M ❑ F
Street address:		Email address:		Home phone no.: ( )	
P.O. box:	City:		State:	ZIP Code:	
Occupation:	Employer:			Employer phone no.: ( )	