

Compassion Unlimited
J. Eric Gentry, PhD, LMHC

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Informed Consent Form

Confidentiality:

Everything discussed in therapy sessions is confidential and will not be revealed to other persons without your approval except as required by state or federal law and/or under the following conditions:

1. You are in imminent danger of harming yourself or others;
2. Child or dependent adult abuse by you or others is reported to the therapist;
3. Court Order

Safety

You are responsible for keeping yourself safe throughout the course of our work together. If you cannot or will not assume this responsibility and force me to activate legal means (i.e., involuntary commitment) to keep you safe then we will no longer be able to work together. I will help you find another therapist who will be able to assist you. If you are feeling like hurting yourself or someone else—tell me—I will help you find the resources you need and there will be no interruption in our treatment.

Videotaping:

Videotaping sessions has proved to be very beneficial to clients. If you would like to utilize this helpful adjunct to therapy, please bring your own tape. Each tape will be given to you after each session. It is suggested that you review each session prior to your next appointment.

Fees and Cancellation Policy:

Fees for services are \$100.00 per hour. I generally work in 90 minute sessions, unless otherwise negotiated, making your total \$150.00 per session. Payment is required at the end of each session. Checks should be made payable to J. Eric Gentry, PhD. I do not accept insurance assignment but will complete any forms necessary for your reimbursement. If you need to cancel your appointment please call within 24 hours. You may leave a voice message at (941) 720-0143. You will be charged for sessions that you fail to attend without having provided appropriate (24 hour) notice. I will extend the same courtesy to you – should I need to cancel with less than a 24 hour notification, your next session will be provided free of charge. I am often called away for critical incident and disaster work. In these circumstances, I will make every attempt to contact you prior to 24 hours before your appointment; however, this is not always possible.

If you have any questions about these policies I will be happy to discuss them with you.

With your signature below you affirm that you understand all policies and that you agree to abide by all conditions stated above.

Client signature

Date

J. Eric Gentry, PhD, LMHC (#MH7541)

Date