624 S. Boston Ave., Suite 333
Tulsa, Ok 74119
918-344-2134
scottschafer34@yahoo.com

Scott Schafer, MS, LPC
Oklahoma License 4709

Confidentiality and Expectations

Welcome to my private practice. I firmly believe in my client's right to privacy. With few exceptions, information about you will be strictly confidential and will be released only when you have given your written permission. Please read every portion of this document carefully and sign below indicating that you understand what you have read and agree to these terms.

Due to legal and ethical restrictions, the only exceptions to strict confidentiality are:

1. If I suspect physical or sexual abuse, or neglect of a child.
2. If I suspect physical or sexual abuse, or neglect of an incapacitated adult.
3. If I am concerned that a client is in serious danger of harming himself/herself.
4. If I am concerned that a client is in serious danger of harming others.
5. If court-ordered, certain information may have to be released
6. If you give written permission to release information to a specific person or organization.
7. If a medical emergency occurs while you are at my facility.

Informed Consent

Services provided by counseling carry certain benefits, risks, limits, such as:

BENEFITS: The benefits from counseling may be that thoughts and emotions which have interfered with your personal functioning and/or relationships with others may be resolved or lessened, so that you will be better able to handle or cope with personal responsibilities and social relationships. Because of this, you may experience greater satisfaction from you daily life and interactions with others. Another possible benefit may be a better understanding of your own motives, values, and goals. This may lead to greater maturity and growth as a person.
RISK: Counseling may involve the risk of thinking about and/or disclosing unpleasant events, and can arouse intense feelings of anxiety, depression, frustration, loneliness, and helplessness.
MEDICAL LIMITS: If you experience a crisis or emergency, please contact the Police Department or other appropriate emergency services such as COPES, at 918-744-4800. I cannot prescribe or provide medication, or perform any medical procedures.
CONSULATATION/SUPERVISION: While information will not be released to outside persons or agencies without you permission, my colleagues and I may confer with each other within our clinic. Each professional is bound by confidentiality according to the ethical codes of the American Counseling Association (ACA) and/or the American Psychological Association (APA).
TERMINATION/REFERRAL: Should it appear that my services may not or will not be appropriate for you, I will discuss this with you, provide referrals, and terminate services.
FEES/SCHEDULING: The fee for counseling services is $80 per session. The sessions are one hour in duration and you must give 24 hours notice if you wish to cancel or change an appointment or the full per-session fee will be charged.

I certify that I understand the contents of this document, and I give my consent for counseling services as described. I understand that I am ultimately responsible for my own health and wellness, and that if I require additional help or emergency assistance, I will take appropriate measures, as described under Medical Limits, above:

Signature:____ Date:______________________________