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**Alpha Omega Clinic and Consultation Services**

3607-A Chain Bridge Rd  
Fairfax, VA 22030

3815 Russell Rd  
Alexandria, VA 22305

Client #: \_\_\_\_\_  
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**Informed Consent Agreement- Virginia**

***Unlicensed Clinician***

1. **About the Alpha Omega Clinical and Consultation Services (AOCCS):** AOCCS has a three-fold mission: education, research, and service to the community. The clinic is dedicated to providing psychological therapy and treatment consistent with the moral teaching and vision of the human person in the Roman Catholic Church. The clinic also provides for the education and training of future clinical psychologists, social workers and marriage and family therapists.
2. **Therapy:** When you seek psychological services from a mental health clinician, you enter into a therapeutic contract. This form is designed to make the contract explicit, so that we might begin working together as productively as possible. Our goal is to know you and your circumstances well enough to be able to assist you with your concerns.
3. **Clinicians:** Because AOCCS is a training center as well as a clinic, professional services are provided by a variety of clinical staff, both licensed and unlicensed. Unlicensed clinicians are supervised closely by a clinician licensed in the Commonwealth of Virginia.

Therapist : \_\_\_\_\_ Degree: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Degree: \_\_\_\_\_ License: \_\_\_\_\_

You are encouraged to discuss any concerns or issues you may have regarding your therapy with your therapist. If you feel that your comments or concerns need further discussion, you are invited to contact the Supervisor or Clinic Director.

4. **Client Rights.** In receiving all services at AOCCS, each individual has the right to:
  - a. Impartial access to treatment regardless of race, religion, gender, ethnicity, age, or handicap.
  - b. Use his or her preferred or legal name.
  - c. Have his or her personal dignity recognized and respected in the provision of treatment, including communication in a manner the individual can understand.
  - d. Be protected from harm (abuse, neglect and exploitation) and supported in communicating with other agencies that might assist with their concerns.
  - e. Receive individualized treatment including the following:
    1. The provision of humane services, regardless of the levels of financial support.
    2. The provision of services within the least restrictive environment.
    3. The provision and periodic review of an individualized plan of treatment focused on their particular circumstances

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5. **Confidentiality:** Therapy sessions are confidential. Information disclosed in sessions is considered confidential and will not be revealed to anyone outside the clinic without your written permission, except where disclosure is required by law and deemed to be in the best interests of the client. The following are the exceptions and limits to confidentiality:

- a. When the client presents a serious danger to harm him/herself.
- b. When the client presents a serious danger of violence to others or the property of others. In these cases your therapist is obligated to take action in order to help ensure safety.
- c. When there is reasonable suspicion of child, elder or dependent adult abuse, or neglect.
- d. When you have given written consent specifying a third party with whom your file will be shared
- e. Pursuant to a lawfully issued subpoena.
- f. When a therapist is defending himself or herself against a claim, or subject to investigation, review, or audit.
- g. If you utilize third-party reimbursement, your therapist will be required to provide your insurer with a clinical diagnosis, and at times a treatment plan or summary.
- h. **Minors:** When minors (under 18 years of age) are seen in therapy, the parent or legal guardian holds the legal privilege regarding a signed release of information.
- i. **Groups:** Group therapy participants are expected to honor and respect the privacy and confidentiality of other group members.
- j. **Consultation:** Your clinician may also consult with other clinicians and professionals at the AOCCS. In such cases, those involved in consultation have the same ethical obligation and will preserve confidentiality of your case.
- k. Videotapes or audiotapes of your session are only permissible with your signed permission and can be revoked at any time. Such tapes are also handled with the same degree of care regarding confidentiality.

6. **Cancellations:** AOCCS requires at least 24 hours advance notice of cancellations for scheduled appointments. Your full session fee will be charged for missed sessions not cancelled 24 hours in advance. For routine calls to cancel or make appointments, please call the regular clinic line at (301) 767-1733.

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- 7. Emergencies:**
- a. **If a life-threatening emergency arises, please contact emergency personnel via 911, or go directly to the nearest emergency room.**
  - b. **For non-life-threatening emergencies:**
    - i. **During regular clinic hours, please try to contact your therapist through the clinic phone number (703) 418-2111 and leave a message. The therapist will return the call by the next business day.**
    - ii. **If an emergency arises outside of regular clinic hours, please call 911 or go directly to the emergency room.**
- 8. For routine calls to cancel, change or make appointments, please call the regular clinic line at (301) 767-1733.**
- 9. Payment for Services: Your fee for the Comprehensive Initial Intake will be \_\_\_\_\_ and your regular session fee will be \_\_\_\_\_ (both based on, but not determined solely on, the AOCCS sliding fee scale). Regular client sessions are typically 45-50 minutes. Fees are paid to AOCCS at the time of the appointment. Charges may be assessed and pro-rated based on your hourly fee at the discretion of the clinician for additional services (e.g., court appearances, court reports or other third party reports, phone therapy sessions and / or long distance phone call expenses, etc.).**
- 10. Additional Billing-Related Information / Policies: Client accounts are not to accrue an unpaid balance. After two sessions of unpaid balances, services may be withheld until the account is paid in full. If your check is returned by the bank, then you will be charged \$20 for each returned check in addition to the session fee. Please discuss any financial concerns with your therapist.**
- 11. Insurance or Other Contractual Reimbursement: Services are provided and charged directly to the client, not to the insurance or contracted organization. Alpha Omega does not accept any kind of insurance. All clients are expected to pay their fees to the Alpha Omega Clinic and Consultation Services (AOCCS) as indicated above and are fully responsible for obtaining reimbursement from their insurance or contracted organization. We will try to be as helpful as we can but, AOCCS is not obligated to cooperate in filling out forms or other requests for information that the insurance company may require.**

**At each session, AOCCS will provide the client with a receipt. It is the client's responsibility to keep these receipts for his/her own records or insurance purpose. If a request for duplicate receipts is requested there will be a \$20 duplication fee.**

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**12. Records:** Your records are confidentially maintained at the AOCCS during treatment and for 7 years (10 years for minors) following termination. The purpose of the case documentation is to support the therapeutic treatment of the individual(s) named in the chart, and will not be released for other purposes, other than the exceptions and limits to confidentiality previously outlined (see p.2, #5). Typically, only your therapist and their supervisor will access your file. While administrative staff may access your file in the course of business, they are forbidden from reading any clinical information. State law provides that certain regulatory agencies may also have access to evaluate, review, or make recommendations regarding mental health treatment. Because AOCCS is both a clinical and research service your case record may be reviewed for quality assurance oversight. Should your record be viewed in this way, you would not be personally identified in any report or study. Researchers that have access to our records are trained in the same strict principles of confidentiality as is your personal therapist.

**13.** The Alpha Omega Clinic and Consultation Services is committed to honoring and respecting each client and providing the best service possible. If you feel that you have been treated unfairly in any way or have questions on any aspect of the clinic please call the Clinic Director, Kathleen Gallagher, at 703 418-2111.

*Statement of Understanding: By signing below, I indicate that I have reviewed and understand the above information and that I have had any questions answered by my therapist, and that I agree voluntarily to its terms. I understand that I may withdraw from treatment at any time but if I decide to do this, I will discuss my plan with my therapist before acting on it.*

If you would like a copy of this form, please request one from your clinician or the Clinic Director and one will be provided.

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Client's Signature

Date

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Client's Address

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Parent/Guardian's Signature (if a Minor client, under age 18)

Date

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Therapist's Signature

Date