

Being Centered: Psychological Services, PLLC  
Ridgefield, CT  
Ph/Fx: (203) 614-1089

## Informed Consent for Couple's Retreat Reawakened

When reading through this document, read carefully as your electronic signature signifies you have read, understood, and agreed to the terms of this contract. If you do not understand or agree, it is your responsibility to bring those questions/concerns to one of the psychologist's attention.

Please note that once initialed and signed, this is a legally binding contract.

### **Defined Terms**

*Couple's Retreat Reawakened* provides an opportunity to build your relationship through the guidance of two licensed clinical psychologists. *Couple's Retreat Reawakened* has a structured schedule, including discussion, activities, and periods of reflective silence. The daily schedule for each retreat changes depending on the time frame at the retreat centers (check-in and check-out). We strongly encourage you to allow yourself to be silent throughout the retreat and without technology (no phones, television, computer, etc.). Silence brings greater awareness. The times of reflection will be guided with various instructions, including writing, meditating, reflecting on various topics, etc.

### **Our Role**

We, Dr. Anna Huff and Dr. Teresa Reyes Castillo, are facilitators for the weekend. We are not considered to be your treating psychologists. If you should need additional mental health services, it is your responsibility to inform us, so that we can ensure you receive adequate care. We are available to assist you during the time of the retreat, including through group workshops and individual consultation meetings, as needed and when available.

### **Confidentiality**

Both psychologists are legally and ethically obligated to keep any and all information pertaining to you confidential, except under certain conditions (bulleted below). As a participant, you are not held to those same standards; however, we ask that you respect the privacy of each retreat participant. We ask that you do not share information shared by others. Under certain laws, the following are limits to the confidentiality of your information:

- Abuse: Both psychologists are obligated to report, to the appropriate authorities, suspected child abuse (person under the age of 18), suspected elder abuse (person age 65 and over), and suspected abuse of a dependent person (person reliant on another for basic needs, regardless of age).
- Harm to self/others: Both psychologists are obligated to report suspected self harm and harm to others to the appropriate authorities and to the potentially affected person(s).
- Legal: If a law enforcement agency requests access to your information, due to suspected self harm and/or harm to others, this information will be provided to them. Only information asked for will be provided.
- Subpoena: If a court subpoena is received for your information and/or records, that information will be provided. Only the information asked for will be provided.
- Consultations: In order to provide you with the best possible service, there may be times when the treating psychologist may need to seek outside professional consultation. In those cases, your identity will remain confidential and only information applicable to the consultation will be discussed.

**Fees**

General Rate: \$3,000 per couple

This rate may vary based on retreat center and length of stay.

In the event there is a different payment arrangement, the agreed upon fee is the following:

\_\_\_\_\_

Reason for different payment agreement: \_\_\_\_\_

\_\_\_\_\_

All fees are due before services are rendered. In order to reserve your space, you will need to pre-pay in full. We accept cash and check. In the circumstances when the event is payable online, credit card will be accepted with an additional processing fee, which will be outlined at payment.

Returned checks will result in a \$100 processing fee. If your account has a balance, we reserve the right to refuse service.

Full refunds can be provided up to three-weeks prior to the retreat start date. Refunds will not be provided after that time, due to the time needed to fill the space you reserved. Please contact us to discuss options with us.

### **Contact**

Any contact with either psychologist will be through telephone, at the business phone number, unless otherwise discussed. Email and social media will not be used as forms of communication, unless otherwise discussed. If you are using any of the services provided by Being Centered: Psychological Services, PLLC, you cannot be a personal "friend" on Facebook.

If you are experiencing an emergency, you will need to contact emergency services, such as dialing 9-1-1 or going to your nearest emergency room. If you attempt to contact either psychologist, note that your calls will be received and reviewed during regular business hours. We are not an emergency service center and do not provide emergency services.

The work phone number (203-614-1089) does not accept text messages. Text messages are blocked to this line, and as such, you will not receive responding messages.

### **Treatment Information and Records**

Records maintained are limited to a copy of this consent form. Information shared within the workshop and/or information shared within any personal or couple's consultations will not be documented. The only exceptions are for an emergency situation or an area related to the limits of confidentiality listed above.

Documentation will be maintained within an electronic health record (EHR) system. Legally, you have the right to the information kept in your file. When requesting information, please allow up to five business days for processing your request. A fee will be charged at 15 cents per page.

If either psychologist finds that accessing your records could cause harm to you or others, they have the right to withhold that information from you.

**Agreement with Sections Contained Within This Document**

I have read, understood, and agreed to each section within this document. I have asked questions and discussed concerns, if any, and those areas were resolved. By signing this document, I consent to participate in *Couple's Retreat Reawakened*.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date