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Consent for Treatment

You have decided to embark on a powerful journey known as psychotherapy, a decision of strength and courage. Please know I consider the psycho-therapeutic relationship to be one of sacred trust. This document serves to inform you about the therapeutic process, give you some information and answer questions about the professional relationship between therapist and clients.

Psychotherapy cannot ensure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is my experience as a therapist, most people can gain some value from the therapeutic process. Understand as we journey together new, often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to psychotherapy. These include, but are not limited to, medications, support groups and complementary modalities. I will be happy to discuss any alternatives you want to consider at any time.

I have a number of client expectations about the professional relationship we embark on with each client. I expect you to keep your appointments. Please remember someone else may want this time. Please give my other clients, their relations, and me, your therapist the courtesy of a 24 hour notice if you must cancel an appointment; otherwise, you will be charged for this time. I always consider broken appointments individually and understand emergencies do arise. Insurance will not pay for broken appointments.

My current fee is $185/$160 per session. I do have a sliding scale depending on your household income. Payment for your session is due at the time of service. I accept cash, personal checks, and credit cards. I work with a number of insurance companies via managed care contracts and I am responsible for filing claims for my services; you must pay your copay at the time services are rendered. There are no exceptions. Other insurance plans (out of network) are accepted but you may be required to pay the difference. Payment arrangements are discussed during your initial session.

I also charge for my time when you require written correspondence. This is billed according to the amount of time utilized with a minimum fee of $20. This would include correspondence such as letters to other practitioners, disability applications, etc. Insurance will not pay for correspondence. I do not charge for customary insurance filing. Telephone consults are also billed at regular rates. The first 5 minutes I consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour. Sessions are 45 to 50 minutes in length. This allows the therapist to take a few minutes of an hour between clients to relax, let go of the last session and prepare for the next one.

My appointment times are generally on the hour from 9 AM to 5 PM. I do make earlier and later appointments but these are reserved for long standing clients. I am in the office Monday through Thursday from 9 AM to 5 PM, and most Fridays from 9 AM to 2 PM.. You may reach me via telephone/voicemail during regular office hours. As I am usually in session most of the day, and do often check voice mail and return messages several times a day. If your call is non-urgent, I will respond as soon as possible. Calls left for me after 5 PM will be returned the following business day at the earliest.

If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local emergency department.

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with me, your therapist. Sessions are usually held in my office. If you should encounter me outside of the office, please note I will speak with you only if you initiate the contact; this allows you to maintain the privacy of your psycho-therapeutic relationship. Please do not invite me to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.).

Although this may seem artificial and/or awkward, it is the best way to promote a good psycho-therapeutic relationship.

Your sessions should focus on your concerns exclusively. You will learn a great deal about me as your therapist the longer we work together; as your therapist, I may occasionally share experiences and struggles with some regularity as models for clients. Nonetheless, you will still be experiencing the therapist in a professional role solely. I will keep confidential anything you say with the following exceptions: a) you direct me to speak about you with someone, b) As your therapist, I determine you are a danger to yourself or others, or c) there
is evidence of child or elder abuse. In the event of the latter two exceptions, I will contact family, friends, DFCS and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

I will attend peer consultation with colleagues periodically. I may discuss the work occurring in your session in these consultations while maintaining your anonymity.

I use an eclectic approach to therapy, meaning I utilize a variety of therapeutic models. I work diligently to use what is most helpful for each individual rather than take any one approach exclusively. I hope this information is helpful to you. If at any time you have any questions please feel free to ask.

I do hereby seek and consent to take part in the treatment provided by this agency. I understand developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware I (or my child) may stop treatment with this therapist at any time. I understand I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

_____ _____

Signature of Client (or person acting for client) **Date**

_____

Relationship to Client

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____

Signature of Therapist **Date**

Client Name _____ C.I.D.# _____