

CONSENT FOR TREATMENT (Adults)

Here is some important information about the services you will receive. Please feel free to discuss any of this information with me at anytime throughout treatment.

1. Confidentiality: As your therapist, I am legally prohibited from revealing to another person that you are working with me, nor can I reveal the content of our sessions in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality may be set aside as required by law or professional guidelines:

A. Instances of suspected physical or sexual abuse, emotional cruelty, or neglect of a child, an elder, or dependent adult must be reported to the appropriate protective services.

B. If I have reason to believe that a client poses an unavoidable and imminent danger of violence to another person or to another's property, I must warn whomever may be in danger, and I must notify the appropriate authorities. Also, if you, as a client, reveal a serious intent to harm yourself, I'm ethically bound to do what I can to keep you safe, which may involve notifying others who may be of help.

C. If the court has ordered your treatment with me, or if I am served with a subpoena, I may have to release confidential information. For example, in the context of a legal proceeding in which you raise your own psychological state as an issue, I'm required to release information to the court.

In all of the above cases, I would release only that information necessary to carry out my professional responsibilities. Your confidentiality remains an ethical priority.

2. Sessions: Your scheduled appointment time is reserved for you. Therapy sessions are normally 45 minutes long. Testing and intake appointments range from one to three hours. Appointment cancellations must be made 24 hours in advance; otherwise, you are responsible for the fee for such sessions. Please be aware that insurance companies do not normally pay for missed sessions, and that the full fee for those sessions is your responsibility. Finally, I recommend that you turn off your cell phone during our time together.

3. Contacting me: The best way to reach me is to leave a message on my private voicemail at (310) 378 - 4896 during regular business hours (M-F 9-5). I do my best to return these messages before leaving work each day, if not sooner. If you leave a message on my voicemail during non-business hours, I will return your call within 24 hours. In the event of a clinical emergency, please leave me a message on my office voicemail, then call 911 or walk into any hospital emergency room.

4. Payment for services: At the outset of treatment we will agree upon a fee. Except in unusual circumstances, payment is expected at the time of service. If you would like, I can then give you a monthly statement, which you can use to bill your insurance for reimbursement. Fees for writing a psychological report are based upon the hourly rate for therapy.

Payment for services which is past due over 90 days may be subject to collection through the use of a collection agency or through legal action. Collection and/or court costs will be your responsibility. Payments may be deductible Medical Expenses on your income tax return. Your cancelled checks are sufficient records for this purpose.

In general, it is important for us to discuss any issues that arise connected to our financial arrangements, so that these issues do not hinder our working relationship.

5. Patient rights: In addition to confidentiality, you have the right to end your therapy at any time, for any reason, without any moral, legal, or financial obligation, except for fees already incurred. You have the right to question any aspect of your treatment with me, and to expect that I will work with you to meet your needs for adjunctive or alternative treatment. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which could compromise our work together. Again, please feel free to ask any questions or discuss any of this information with me at any time. Your signature below indicates that you have read, understood, and agreed to this information and have received a copy of this consent form.

Name of Client(s): _____

Signature of Client(s)/Responsible Party: _____ Date: _____

Signature of Therapist: _____ Date: _____