

INFORMED CONSENT AND AGREEMENT FOR PSYCHOTHERAPY

Hello and welcome to my practice. My goal is to provide quality mental health services to you. This document contains important information about my professional services and business policies. If you have any questions or concerns, please address them immediately with me.

PSYCHOLOGICAL SERVICES

The psychotherapy relationship may be likened to a dance between therapist and patient in that it calls for an active role on both our parts. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you my initial impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

CONFIDENTIALITY

I will not release or transfer any information pertaining to you without your permission. However, the following exceptions are required by law (under the “Duty to Protect Bill” signed 8/27/91):

- A) When an individual’s thoughts or actions pose an immediate threat to herself/himself/themselves, I must report this to the immediate family and/or the police. This would include any disclosures made about committing suicide.
- B) When an individual’s thoughts or actions pose an immediate threat to others, I must report it to the police and warn the named targets of any homicidal intent.
- C) When I have reasonable cause to believe that child abuse (including incest) is occurring (or has occurred), I must report it to the DYFS (Division of Youth and Family Services).
- D) When the court issues a subpoena and it is then determined that I must respond.

SESSION TIME

Individual therapy sessions range from 50–60 minutes. I normally conduct an initial assessment and evaluation that will last from 2 to 4 sessions.

CANCELLATION POLICY

Once an appointment is scheduled, you will be expected to pay for it unless you provide **24 hours** advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.

PROFESSIONAL FEES

My initial evaluation session fee is **\$195**. My hourly fee is **\$175** unless other arrangements have been made. You will be charged a \$20 fee per returned check.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$1000 per hour for preparation, consultations, and attendance at any legal proceeding.

BILLING AND PAYMENTS

Payment is due at the time of your session.

Client/Guardian Initials

INSURANCE REIMBURSEMENT

I do not work directly with insurance companies and you are entirely responsible for payment of services rendered. However, in general you may be reimbursed a percentage of my fees depending on your health insurance policy. I am happy to assist in the reimbursement process by submitting necessary information to your insurance provider if you would like. I will work with you to make the process work as seamlessly as possible.

CONTACTING ME

I try to be as available as possible. I will make every effort to return your call on the same day you make it. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if you wish.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client's Signature

Date

Client's Parent/Legal Guardian Signature if under 18

Date

Therapist's Signature

Date