



## **CONSENT FOR TREATMENT**

Welcome to the practice. This document contains important information about professional services/business policies. Please read it carefully and write down any questions you might have to discuss at our next session. By signing this document, it represents an agreement between us.

### **MENTAL HEALTH SERVICES**

Mental health treatment is not easily described in general statements. It varies depending on the personalities of the mental health provider and patient, and the particular problems that you bring forward. There are many different methods that can be used to deal with the problems that you can hope to address. Mental health treatment is not like a visit to your primary care physician. Instead, it calls for a very active effort on your part. In order for the treatment to be most successful, you will have to work on things we discuss both during our sessions and at home.

Mental health treatment can have benefits and risks. Since treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Alternatively, mental health treatment has also been shown to have benefits for people who go through the treatment. Treatment often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. There are no guarantees of what the experience will be like for you as an individual.

### **CONFIDENTIALITY**

The law protects the privacy of what is discussed in our treatment sessions. We cannot release information about our work to others without your written permission.

Your therapist has a legal and ethical commitment to protect your privacy. Consequently, no information about your treatment will be released to anyone without your written consent **except** under the circumstances listed below:

By law, we must report any evidence of abuse or neglect of children, elderly, or disabled to agencies of the State of Florida.

When a client is a serious danger to him or herself, or dangerous to others, I may have to inform family members or the proper authorities.

In some cases a judge has the legal authority, regardless of your wishes, to require we release to them your information.

### **CONTACT INFORMATION**

My office is open from 2 PM – 6 PM Mon, Wed, Thur, & Fri. I am available for telephone & face time consulting, counseling, and therapy by appointment only during non-office hours for a fee. If you have an emergency, please call 911 or go to the local emergency room. You may call my cell phone to leave messages for **non-emergency** calls. Please leave your full name and the number to reach you at.

**PROFESSIONAL RECORDS**

The laws and standards of our profession require that treatment records be kept. You are entitled to receive a copy of your records. Or a summary can be prepared for you, unless it is believed that seeing them would be emotionally damaging. In such cases I will be happy to send them to a mental health professional of your choice. As these are professional records, they can be misinterpreted and/or upsetting to untrained readers. It is recommended that you review them in the presence of a mental health professional so the contents can be discussed. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

**MINORS**

If you are under the age of eighteen, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from your parents that they willingly give up access to your records. If they agree, only general information will be provided them about your treatment, unless it is felt that you will seriously harm yourself or someone else. In this case, they will be notified of this concern. Before giving them any information, the matter will be discussed with you, if possible, and any objections you may have will be discussed.

**GENERAL POLICIES**

**APPOINTMENTS:**

Cancellations and rescheduled appointments will be accepted with no additional charge if the request is made at least 48-hours prior to your scheduled appointment. A \$50 fee (not covered by your insurance) will be applied for missed appointments, as well as consultations/rescheduled appointments made with less than 48-hour notice.

**MISCELLANEOUS FEES:** The following fees are used and are **not** covered by insurance:

<b>Letters/Forms</b>	\$55 (additional fees added for complexity/length)
<b>Phone Calls with Provider</b>	\$1/minute
<b>Missed Appointments</b>	\$50
<b>Cancelled/Rescheduled Appointments (less than 48-hour notice)</b>	

After you have signed this consent, you have the right to revoke (by writing a letter telling me you no longer consent) and I will comply with your wishes about using or sharing your information from that time on but I may already have or shared some of your information and cannot change that. **If I have no contact from you for 90 days, your case may be closed. If at any time you decide to return to therapy, I will be happy to help you re-open your case.**

\_\_\_\_\_  
**Signature of Client or His/Her Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Client or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Client**