Cynthia S Mack-Ernsdorff, MA, LMHC, LMFT

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**Informed Consent Form**

**Confidentiality:**

Everything discussed in therapy sessions is confidential and will not be revealed to other persons without your approval except when required by state or federal law and/or under the following conditions:

1. You are in imminent danger of hurting yourself or others
2. Child or dependent adult abuse by you or others is reported to the therapist
3. Court order

**Safety:**

You are responsible for keeping yourself safe throughout the course of our work together. If you cannot or will not assume the responsibility and force me to activate legal; means (i.e., involuntary commitment) to keep you safe then we will no longer be able to work together. I will help you to find another therapist who will be able to assist you. If you are feeling like hurting yourself or someone else – tell me—I will help you find the resources you need and there will no interruption in our treatment.

**Fees and Cancellation Policy:**

Fees for services are $175.00 for intake, and $120.00 for regular sessions per 50-minute hour session(s). Unless you plan on paying thought an insurance group, payment is required at the beginning of each session. Checks should be made payable to Cynthia S Mack-Ernsdorff. Upon request, I will complete any forms necessary for your reimbursement should I not be a preferred provider on your insurance company’s panel. If you need to cancel your appointment please call me within 24 hours or you will be charged the full fee for that session. Please be advised that insurance companies usually do not pay for your missed appointment, nor do they pay for phone sessions or phone consultations. You may leave a voice message at (425) 941-3271. Please remember that you will be charged for sessions that you fail to attend without having provided the appropriate (24 hour) notice. Please do expect a confirmation of appointment call from me. You will be expected to maintain your own calendar without an appointment call from myself. In those circumstances where *I* will not be able to attend a session, I will make every attempt to contact you prior to 24 hours before your appointment, however this is not always possible. I will ask that you fill out a credit card information sheet that I will supply for you. The credit card information that you supply *will be charged for any/all appointments that Ms. Mack-Ernsdorff has not received the required 24-hour notification of cancellation of session*, and can, upon written request, also be used for you to pay any/all other costs incurred related to your appointment session(s).

If you have any questions about these policies I will be happy to discuss them with you.

***With your signature below you affirm that you understand all policies and that you agree to abide by all conditions stated above.***

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Client’s Signature Date

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Cynthia S Mack-Ernsdorff, MA, LMHc, LMFT, C.HT Date

Certified Early Childhood Trauma & Attachment Specialist

Certified Addiction Specialist