

Informed Consent for Psychotherapy/Counseling

I would like to do everything possible to make your therapy visits a helpful experience. This consent form contains the guidelines I follow regarding therapy. Please take a few minutes to read this, and if you have any questions or concerns, please discuss them with me.

Therapeutic Approaches/Treatment Options: The therapy methods utilized will be generally accepted professional practices, and the specific approach utilized with you/your child will be chosen to best meet your needs and situation. Feel free to ask questions about alternative approaches, and the risks or benefits of therapeutic options. Psychotherapy can sometimes lead to intense emotions, and at times clients feel worse before they feel better- therefore, it is important to discuss any reactions to the therapeutic intervention or any concerns with the therapist.

Insurance Coverage: If you are submitting claims to an insurance company, please note that many insurance companies cover brief therapy to address acute and/or severe symptoms, and may not cover therapy that addresses less severe symptoms or difficulties that require longer term treatment. If longer term treatment is needed, I will discuss with you the clinical situation and options available.

Confidentiality/Release of Information: Maryland law recognizes that the therapist-client communication is privileged, and that any information concerning your treatment can only be released with your written consent. I take your privacy seriously and will not violate legal or professional standards of confidentiality.

There are certain situations in which I am legally required to disregard treatment confidentiality and to contact individuals without written consent. These situations include: any suspicion of child abuse or neglect; suspicion of harm to self or others; when served with a subpoena to testify in court; and if it is believed that notifying authorities will prevent someone from committing a serious violent crime.

If you are submitting claims to your insurance company, your signature on the insurance claim form gives the insurance company the right to information about your treatment. When you submit a claim to the insurance company, I will have to provide diagnostic information to the insurance company, and the insurance company will have the right to access your full record if they so choose. Your insurance may require pre-authorization for coverage of therapy and/or periodic updates on your condition, symptoms, and/or progress in treatment.

When you provide written consent, you give me permission to discuss your treatment with other professionals involved in your care.

Please feel free to discuss any questions or concerns you have about the privacy of your treatment.

Payment: Fees are due and payable at the time of each session. You will be informed of the exact charge for services at or prior to your first visit. Returned checks will be subject to an administrative fee. Accounts delinquent for more than 60 days may be referred to a collection agency.

Written reports and extended telephone or email consultations may be subject to fees that are not reimbursable by insurance. Photocopies of your records may be made available to you, subject to fees authorized by Maryland State law.

Missed Appointments and Cancellations: Since a specific time is reserved for you, there will be a 50% charge for all missed appointments not cancelled at least 12 hours in advance. Excessive missed appointments may result in the time slot no longer being made available for you. Exceptions can be made for emergencies at therapist's discretion.

Statement of Understanding: I have read the Informed Consent for Psychotherapy or Counseling policies and procedures of Lisa A. Lenhart, PhD. I understand and agree that these will be in effect during my treatment here.

Signature of parent, client, or authorized adult

Date

Name of client (Please print)