



Consent for Treatment Form

Welcome to my practice. I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may impact you. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the issues that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Sometimes counseling services are provided primarily to prevent further deterioration of your mental or emotional status which is considered maintenance treatment.

MEETINGS

After an initial session, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. If you decide to continue treatment, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree upon, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice** of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. **If you wish to pay by check, please make it payable to: Alison Young. To avoid wasting your valuable session time, please have your check made out and ready before your session.**

You will be allowed to accrue uncollected fees up to and no more than \$300.00 owed for counseling services (due to financial hardships and unusual circumstances.) In the event that a debt of \$300.00 or greater of uncollected fees is accrued, counseling services will be terminated so that your bill does not become unmanageable and create additional stress. You will be expected to repay the debt as soon as you can. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment.

INSURANCE REIMBURSEMENT

If you have a PPO insurance plan, they will likely cover a portion of your session costs. I will provide you with a special receipt (a superbill) to submit for reimbursement. If you plan on using insurance, I would recommend calling your insurance company and finding out what your deductible is and what percentage they reimburse. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

CONTACTING ME

I check voicemail and text messages periodically throughout the day. I will make every effort to return your call or text the same day you make it, with the exception of weekends and holidays. **Phone calls are offered as a professional courtesy and this service does not constitute an emergency service.** I am not responsible for your behaviors or decisions occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. If you are unable to reach me and feel that you can't wait for me to return your call, contact 911, your family physician or the nearest emergency room.

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. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a Marriage and Family Therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police and seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or contact family members or others who can help provide protection. I will take any threats seriously whether I am informed by you or someone you know. Therefore, please use discretion when providing my contact information to a third party.

TERMINATION

Your participation in psychotherapy is voluntary and you have the right to end treatment without at any time. I would recommend that when termination is considered, you discuss this with me, so that we can create a plan for termination to minimize any possible negative effects.

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

I acknowledge that I have received a copy of my authorization for my own records

Signature of Client _____ Date _____

Additional Client Signature (Spouse/Partner/Friend/Family Member) _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Marriage and Family Therapist _____ Date _____