

CONSENT TO TREAT

Psychological & Coaching Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and patient and the particular concerns you bring forward. There are many different methods I may use to deal with the issues that you wish to address. Psychotherapy calls for an active effort on your part and you have to work on things we talk about both during our sessions and at home.

Our first session will involve an evaluation of your needs. At that time I will be able to offer you some impressions of what our work will include, and a 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.

Appointments

Appointments are available in my office, by Skype or phone after the initial in person session. Although session frequency may vary, psychotherapy and coaching sessions are 50 minutes in length. Frequency will depend on treatment goals and your needs.

Cancellation

There is a 24-hour cancellation policy. Any appointments cancelled with less than 24 hours notice will be charged to your credit card on file.

I require that every patient maintain a credit card on file for any outstanding payment due including no-show fees. This form must be submitted at the time of your first appointment and kept up to date.

If unusual, exceptional circumstances occur, I will make every attempt to work with you on an instance-by-instance basis.

Professional Fees

I accept all forms of payment at the time of service. This includes cash, check, or credit card. As a medical provider, I am also authorized to take HSA debit cards. I do not do any direct insurance billing but can provide a statement that includes all the necessary information for reimbursement. Session fees are set at the prevailing rate at the time therapy begins.

Minors

If you are under the age of 18, treatment requires parental consent except where allowed by law. Although parents have a right to discuss treatment, I make every attempt to do so in the presence of the minor client and with their consent.

Confidentiality

In order to maintain patient confidentiality, I may require a Release of Information signed by you in order to coordinate your care with other health professionals. Information disclosed in session is confidential and will not be revealed without your prior written consent, except where disclosure is required by law. Those exceptions include any disclosure of child abuse, elder/dependent abuse, intent to harm yourself or others or if ordered by the court to provide testimony. This office also maintains confidential medical records on a secure online server.

Communication

Secure voicemail is available at all times and is generally returned the same business day. Voicemails left after business hours may be returned the following business day. Please be aware that e-mail is not a secure means of communication and will be limited to scheduling purposes only.

If you feel that you cannot wait for me to return your call, contact your family physician, the nearest emergency room and ask for the psychologist or psychiatrist or dial 911. When I am unavailable for an extended period of time, I will leave the name of a colleague to contact in the event of an emergency.



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

Client Signature

Date