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## CONSENT FOR TREATMENT

- 1. SCHEDULED SESSIONS:** Our time together is 50 minutes. EMDR sessions are 80 minutes. Telephone sessions are available in between your scheduled sessions when appropriate, pro-rated after 10 minutes.
- 2. FEE:** Please plan to pay the fee we have agreed upon at each session. It would be to your advantage to have your check prepared in advance of our meeting to further maximize our time together. Additional fees will be charged to the client (not the insurance company) in the event of necessary legal work, hospital visits, etc. You are responsible for all fees not covered by insurance. If fees are not paid in full, utilization of a collection agency may be necessary.
- 3. INSURANCE:** If you have health insurance, please let me know and I will provide you with a monthly insurance statement that you can submit to your insurance company for reimbursement. Also, please be aware that when you submit an insurance claim, that information (including diagnosis) may be stored in computer databases. This information may be accessible to other insurers such as life or disability insurance companies.
- 4. CANCELLATION:** The scheduling of an appointment involves the reservation of time especially for you. I require 24 hours advance notice of cancellation. If you are unable to do so for any reason you will be charged for the session with no exception. \*\*\*Please initial \_\_\_\_\_\*\*\*
- 5. TELEPHONE CALLS/EMERGENCY PROCEDURES:** If you need to reach me between visits, please leave a message on my voice mail with your phone number and the best times to reach you. I will return your call as quickly as possible. There is no fee for the occasional brief phone call. If the phone call extends beyond ten (10) minutes, there will be two options: 1) we can continue the call and have the rest of the call prorated at the hourly fee or 2) we can schedule an additional session.



I will let you know when I am out of town or unavailable and my voice mail message will inform you of how to contact the colleague who is on call for me. In the event of an emergency, contact 911 or go to the nearest emergency room.

**6. CONFIDENTIALITY:** All information between the client and the therapist is held in strict confidence. I am required by the Board of Behavioral Sciences to keep session notes, and if subpoenaed, I may be legally obligated to release client files. Disclosure may be required in the following circumstances:

- a. When there is reasonable suspicion of child abuse or abuse to a dependent or elder adult.
- b. When the client communicates a threat of bodily injury to others.
- c. When the client is suicidal.
- d. If the client authorizes by signing a release of information form.
- e. When disclosure is required pursuant to a legal proceeding.

**7. OTHER RESOURCES:** I am available to share with you other resources including reading materials, service organizations, health practitioners, attorneys, educational support services, etc. Please feel free to ask for these resources with the knowledge that I cannot be held responsible for the quality of other professionals' services and that these professionals are not affiliated with me.

I have read and fully understand this Consent for Treatment Form.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Responsible Payor Sig/Date