

Consent For Treatment

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Before beginning psychotherapy you should be aware of the following:

1. You have the right to decide not to receive counseling or psychotherapy from me. Names of other qualified therapist can be provided to you.
2. You have the right to end treatment at any time without any moral, legal, or financial obligation except for incurred fees.
3. You have the right to ask any questions about the procedures used during treatment. No procedure is to be performed without your permission.
4. You have the right to confidentiality. Within certain limits, information revealed by you during treatment will be kept strictly confidential—even the fact that you are in treatment—and will not be revealed to any other person or agency unless you give your **written permission**.
5. You should also know that there are certain situations in which, as a health professional, I am required by law to reveal information about you to others, without your permission. Nor am I required to inform you of my actions in this regard. These situations are the following:
 - a. If you threaten serious bodily harm or death to another person, the law requires that the intended victim and appropriate law enforcement agency be informed;
 - b. If you abuse a child (currently or in the past) or an elderly or dependent person, the law requires that this be reported to an appropriate social service agency;
 - c. If a court of law issues a legitimate subpoena; or
 - d. If you are being treated or tested by courts order.

Additionally, if you reveal a serious intention to harm yourself, ethical standards require that, within legal limits, everything possible must be done to prevent that, including informing those in a position to help.

6. You are responsible to pay the agreed upon fee in full at the time of the session. I do not accept insurance, nor am I on any insurance panels. I may provide you with an invoice, that you can submit to your insurance to be reimbursed. The current fee will be agreed upon at the first session, and there may be changes in that fee (as economic conditions change).
7. Sessions are by appointment and are 50-55 minutes in length. Occasionally, the need for a telephone sessions may arise. In that case, the fee will be calculated as minute segments, each segment 25%of the hourly rate.
8. I check my service several times throughout the workday, and normally return calls within a few hours. If I haven't returned your call the same

- day, I will do so the next business day (If you haven't heard back from me within 24 hours, assume that I did not receive your message).
9. If you are experiencing a clinical emergency and/or require immediate help, please call 911 or go to the closest Emergency Room Facility. Please also inform me of your situation, and I will return your call as soon as I retrieve messages.
 10. Appointment cancellations must be made **within 24 hours** in advance; otherwise you are responsible for the full fee for the missed session. This includes all circumstances (Often, insurance companies will not reimburse missed sessions).
 11. I, as a therapist, have certain rights also; I have the right to refuse to treat you if I believe that it will be unhelpful for you and/or me. In this case, appropriate referrals will be offered.

If you have any questions regarding the above or any related issues, please mention them. If not, please indicate by your signature and the date that you have read, understand and voluntarily agree to the above conditions.

Your signature here does not signify release of information to anyone, simply that you have been informed of the above.

Signature

Date

Signature of Responsible Party (if client is a child or dependent adult) Date

Signature of Witness

Date