Welcome to my practice. This agreement 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 meeting. When you sign this paperwork, it will represent an agreement between us.

Psychological Services

I am both a licensed clinical social worker and have my doctorate in psychoanalysis. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation period, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions regarding whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Professional Fees

Payment is made at the conclusion of your session unless other arrangements have been made. I do have a 24-hour cancellation policy. You will be responsible for any applicable deductibles and co-payments.

Contacting Me

Unfortunately, I am not always available by phone. I have a confidential voice mail that I monitor frequently. I will make every effort to call you back within the same day, but it may take as long as 24 hours. If it is a medical emergency, please call 911, or take yourself to the nearest emergency room.

Minors

If you are under 18 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 for teenagers, the parents agree to give up access to their teenager's records. If they agree, I will provide them only general information about our work together, unless I feel that 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 any objections you may have.

Confidentiality

All information between provider and patient is held strictly confidential unless:
1. The client authorizes release of information with their signature.
2. The client presents a physical danger to self.
3. The client presents a danger to others.
4. Child/elder abuse/neglect are suspected.

In the latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

**Confidentiality may be waived if you request that I testify in court or make your mental or emotional status an issue in a lawsuit. Also, most insurance companies also require that I reveal some clinical information. Your signature on the client information form constitutes your permission to release this information. Please ask me if you have any questions about what your particular insurance company may require.*

Consent for Treatment

I further authorize and request that my treating provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and is subject to my agreement.

I understand and agree to all of the above information.

_____

Client - Printed name

X_____ X_____

Client/ Guardian – Signature Date