

Client Information and Office Policy Statement

Informed Consent

I. New Client: Welcome!

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Your therapist will answer any questions you have regarding any of these policies.

II. Aims and Goals

The major goal is to help you identify and cope more effectively with problems in daily living and deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychiatric treatment and/or psychological and spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective treatments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

1. Appointments

Appointments are usually scheduled for 50 minutes. The practice's hours are 8:00am - 7:00pm. Clients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency, your therapist may be reached by pager at (901) 489-0691.

2. Confidentiality

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged".

III. Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

IV. Fees

Fee for the initial visit is \$150.
Each 45-50 minute session thereafter is \$100.

V. Payments

Payment is due at the time of the session unless other arrangements have been made. Your therapist will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit.

VI. Cancellations and Missed Appointments

You will be billed for a sessions that you cancel with less than 24 hours notice. You may leave messages 24 hours per day. You will be billed \$60 (not just a co-payments). Insurance companies generally do not reimburse for failed appointments.

VII. Complaints

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your therapist, or any office policy, please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

VIII. Consent for Treatment

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and /or treatment. I understand that I may withdraw from treatment at any time.

Name of patient (please print): _____

Signature: _____

Date: _____

Therapist/Witness: _____