

CONSENT TO SERVICES

Welcome and thank you for choosing Marie Murad-Feldman M.A., LCPC for your counseling services. This document is intended to inform you of the policies of my practice and your rights as a client. This document says that you are asking for services of your own free will and that you are able and willing to engage in those services. Appropriate services shall not be denied, reduced, suspended or terminated because clients exercise any of their rights.

Private Practice

I am a Licensed Clinical Professional Counselor, licensed in the state of Illinois. I have an M.A in Counseling. I provide professional counseling for individuals and couples. My practice is located at 1742 W. Diversey, Chicago Il. 60614 (773)230-0902. Office hours are 11:00am – 7:30pm Mon, Wed, Thurs, Fri, and Saturday 10:30am – 1:30pm. Sessions are scheduled in 45-60 minute intervals.

Individualized Service Plan

Each client will have an individualized service plan designed based on their specific needs. The plan will be periodically reviewed with the client.

Confidentiality

Brief personal written notes will be kept to document sessions. These records will be kept in a secured location. Clients have a right to view these records. Clients may request clarification or correction of personal records. All conversation with clients is confidential and may not be released but for the following exceptions:

- Mandated reporting of physical and or sexual abuse of children or senior citizens
- Client threats of suicide and or homicide
- Cases where clients have signed a release of information
- Information for purposes of consultation
- Those required by law

Emergency Procedures

In case emergency services are needed the following procedures should be adhered to:

- Call 911 or whatever emergency services are available in your area
- Contact me at (773) 230-0902 24hrs.
- Go immediately to nearest Hospital Emergency Room

Fee Policy

The fee range is \$115.00-\$145.00 dollars per session. All payment is due at time of services, cash and checks are accepted. Sliding fee scale is available and is based on income and family size. 24 hr notice is required for cancellations in order to avoid being billed \$50 cancellation fee.

Client Signature _____ **Date** _____
Client Signature _____ **Date** _____
Therapist Signature _____ **Date** _____

