



### Consent for Treatment

I, \_\_\_\_\_ hereby consent to treatment of outpatient Psychiatry services.

Confidentiality and emergency situations: Your verbal communication and clinical records are strictly confidential except for:

- a) information (diagnosis and dates of services) shared with your insurance company to process your claims/ verify treatment or information necessary to collect payment.
- b) Information you and/or child or children report about physical, emotional and sexual abuse; then by Massachusetts State Law, I am obligated to report this to the Department of Social Services.
- c) Where you sign a release of information to have specific information shared
- d) If you provide information that informs me that you are in danger of harming yourself or others
- e) And as outlined in the HIPAA Notice of Privacy Practices

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Therapy sessions begin at the arranged appointment time and will end on time. **If you are unable to attend an already schedule session, please be sure to contact me directly within 24 hours in advance to cancel, or you will charge the full session fee \$125.00**

Due to my work schedule, I am sometimes not immediately available by telephone. While I am usually reachable at my direct number, I will not answer my phone when I am in session. When I am unavailable, my telephone is answered by voice mail, that I monitor frequently during work hours. I will return your call on the same day, with the exception of holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your primary care physician or the nearest emergency room and ask for the psychiatrists on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

In addition to our typical therapy sessions, there may be other professional services you may need. Other services include but are not limited to; report writing or letters, telephone conversations with other professionals with your permission, preparation of records or treatment summaries. If any of the aforementioned services are needed you will be expected to pay an appropriate fee for my professional time. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time. Please note that I am not an evaluation therapist for court or other legal procedures, rather, I am a treating therapist. Therefore, it is not my expertise to participate in legal proceedings and I typically do not.

The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) use for the purpose of treatment, payment and health care operations. HIPPA requires that I provide you with a Notice of Privacy practices (The Notice) which I have provided you with a copy of your first appointment.

Your signature here will verify that you have read and understand this agreement and read and understand the client's rights and responsibilities and the HIPPA Notice of Privacy Practices.

I agree to receiving emails, texts, and telephone calls from my clinician as deemed appropriate for my treatment.

Yes No

PATIENT'S EMAIL

PATIENT'S TEL. NUMBER

PATIENT'S SIGNATURE

DATE