Lauren Giwa, LCSW

Informed Consent for Treatment Form

OUTPATIENT SERVICES CONTRACT

This document 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 next meeting. When you sign this document, it will represent an agreement between us.

FEE POLICIES

30 min session: $75

45 min session: $150

60 min session: $175

Non-clinical and administrative services, such as report writing, responding to subpoenas, and telephone calls cannot be billed to your insurance company. As a consequence, any non-clinical and administrative services will be billed to the patient at the fee of $80 per hour and the patient agrees to assume full financial responsibility for such services rendered.

All charges for returned checks are your responsibility and any returned check will result in a patient being asked to pay in cash for future sessions.

CANCELLATION POLICY

Sessions are usually scheduled once a week for 30/45/60 minutes at a previously agreed upon time, although some sessions may be longer or more frequent. Once an appointment time is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If you need to miss an appointment, every attempt should be made to reschedule your appointment within the same week. Please be aware that insurance carriers will not cover cancellation charges.

If regular attendance becomes a challenge and you miss more than 5 visits in a year, I may not be able to continue to reserve your appointment time. In the event that this occurs, the attendance agreement will be re-negotiated to include a recurring session fee to be charged regardless of whether the appointment is kept or not.

CONTACTING ME

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone or video sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

If you are difficult to reach, please inform me of some times when you will be available. Telephone calls are offered as a professional courtesy and this service does not constitute an emergency service. I am not responsible for your behaviors or decisions occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. If you are unable to reach me and feel that you can’t wait for me to return your call, contact 911, your family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions are as follows:

Email

I prefer to use email only to arrange or modify appointments. Please do not use email to send content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of your and my internet service providers. You should also know that any email I receive from you, and any responses that I send to you, will be a part of your treatment record.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, mental health professionals are required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, mental health professionals are required to notify legal authorities and make reasonable attempts to notify the family of the client. If a client states or suggests that he or she is abusing, has abused or will abuse a child (or vulnerable adult), mental health professionals are required to report this information to ACS, APS and/or the police. Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

TERMINATION

Your participation in psychotherapy is voluntary and you have the right to withdraw from treatment without adversity at any time. I would recommend that when termination is considered, you discuss this with me, so that we can create a plan for termination to minimize any possible negative effects. If you don’t show up for 2 consecutive scheduled appointments, your treatment will be considered canceled and terminated and you will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance.

Your signature below indicates that you have read the information in this document, were provided accurate information, and agree to abide by the terms outlined above during our professional relationship.

**I acknowledge that I have received a copy of my authorization for my own records.**

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Signature of Client Date

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Additional Client Signature if applicable Date

(Spouse/Partner/Friend/Family Member)

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Signature of Parent/Legal Guardian if applicable Date

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