**OUTPATIENT SERVICES INFORMED CONSENT**

**Privacy**

My goal is to provide you with a safe environment where you may talk about whatever is important to you. I will protect your confidentiality to the highest degree possible. I want our work together to be a healing experience.

I will not provide information about your treatment to others without your permission. I will not reveal to a family member that I even know you without your permission.

There are some exceptions to my being able to maintain your confidentiality. They are:

* If you indicate you are a danger to yourself , I will act in a way to protect you.
* If you disclose plans to specifically harm another person (s) or person (s)’s property, I have a duty to warn and protect that person (s).
* I am legally required to report any instance of child or elder abuse.
* If a judge demands your records as a part of a subpoena, I must comply with this order.

Coordinating your care with your primary physician and/or your psychiatrist is important in providing you with the best possible care.

**Appointments**

Sessions generally last 1.5 to 2 hrs. This gives me enough time to listen to your concerns and offer empathy and support, before we dive into working on a particular issue. Longer sessions also allow more practice time with various techniques and methods you ( you and your partner) will be learning, so that you’ll have more success and greater gain in between sessions. I recommend these longer sessions spaced more closely together as we begin our work together in the early phase of therapy. After that we might choose to space out sessions to every other week if the work is progressing well.

**Fees**

My fee is $150.00 per hour. I am willing to discuss special circumstances that might allow for a lower fee. Payment is due at the time of the session, and may be made by cash, check, VISA or MASTERCARD.

**Insurance**

I am not on any insurance panels. I am an out –of-network provider. Many insurance companies will reimburse some portion of your therapy fees for an out –of-network provider. You will need to check with your insurance provider. I am happy to provide you with a statement that you can submit to your insurer for reimbursement. Please note that all fees are the patient’s responsibility, and due at the start of the session.

**Cancellation Policy**

I require a 48-hour cancellation notice if you are unable to attend your scheduled session. If I am able to fill your spot, you will not be charged for the session. Otherwise you will be expected to pay the full cost of the session.

**Disability and Legal Issues**

I do not provide disability evaluations or sign disability claims, since this represents a conflict of interest. I will not provide copies of records, or reports of our work together to anyone involved in a disability claim.

If you are involved in a legal action, such as a divorce proceeding or child custody battle, I will not testify on your behalf nor provide copies of my records or reports of our work together unless I am legally forced to by a judge.

**Miscellaneous**

I do not meet with patients, friends, or family members of my patients outside of sessions for any reason. I do not accept gifts from patients, nor do I get involved in any business dealings with patients. Our work together will focus on the problems and issues that you need and want my help with.

Please sign below to show you have read and understand these policies.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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