INFORMED CONSENT TO INDIVIDUAL PSYCHOTHERAPY

This form documents that I, _____, give my consent to Veronica J. Harkins, LCSW (the psychotherapist) to provide psychotherapeutic treatment to me.

While I expect benefits form this treatment, I fully understand that no particular outcome can be guaranteed. I understand that I am free to discontinue treatment at any time but that it would be best to discuss with the psychotherapist any plans to end therapy before doing so.

I have fully discussed with the psychotherapist what is involved in psychotherapy and I understand and agree to the policies about scheduling, fees and missed appointments. I understand that I am fully financially responsible for treatment, which, if I have health insurance, includes any portion of the therapists fees that are not reimbursed by my insurance. I understand that the frequency of my sessions will be weekly and that payment will be due at the session that immediately follows my receipt of a bill, and that I will be personally responsible for payment in full for any cancelled session if I do not give the psychotherapist at least 24 hours advance notice of the cancellation. (Please note that insurers do not pay for cancelled sessions).

Our discussion about therapy has included the psychotherapist's evaluation and diagnostic formulation of my problem, the method of treatment, goals and length of treatment and information about record keeping. I have been informed about and understand the extent of treatment its foreseeable benefits and risks, and possible alternative methods of treatment. I understand that therapy can sometimes cause upsetting feelings to emerge, that I may feel worse temporarily before feeling better, and that I may experience distress caused by changes I may decide to make in my life as a result of therapy.

I understand the psychotherapist cannot provide emergency service. The psychotherapist has told me who to call if an emergency arises and the psychotherapist is unavailable. In any case, I understand that in an emergency, I may call 911 or go to the nearest hospital emergency room.

I have received a HIPPA Notice of Privacy Practices from the psychotherapist. I understand that the information about psychotherapy is almost always kept confidential by the psychotherapist and not revealed to others unless I give my consent. There are a few exceptions as noted in the HIPPA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities.
2. If I tell the psychotherapist that I intend to harm another person, then the psychotherapist must try to protect that person, including by telling the police or the person or other health care providers. Similarly, if I threaten to harm myself, or my life or health is in any immediate danger, then the psychotherapist will try to protect

me, including by telling others such as my relatives or the police or other health care providers, who can assist in protecting or assisting me.

3. If I am involved I certain court proceedings the psychotherapist may be required by law to reveal information about my treatment. These situations include child custody disputes, cases where a therapy patient's psychological condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings, and court-related treatment.
4. If my health insurance or managed care plan will be reimbursing me or paying the psychotherapist directly, they will require that I waive confidentiality and that the psychotherapist give them information about my treatment.
5. The psychotherapist may consult with other psychotherapists about my treatment, but in doing so will not reveal my name or other information that may identify me. Further, when the psychotherapist is away or unavailable, another therapist might answer calls and so will need to have some information about my treatment.
6. If my account with the psychotherapist becomes overdue and I do not pay the amount due or work out a payment plan, the psychotherapist will reveal a limited amount of information about my treatment in taking legal measures to be paid. This information will involve my name, social security number, address, dates and type of treatment and the amount due.

In all of the situations described above I understand that he psychotherapist will try to discuss the situation with me, or notify me, before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

If I am participating in a managed care plan, I have discussed with the psychotherapist the plans limits if any on the number of therapy sessions. I have discussed with the psychotherapist my options for continuation of treatment when my managed care benefits end.

I understand that I have a right to ask the psychotherapist about her training and qualifications and about where to file complaints about the psychotherapist's professional conduct.

By signing below I am indicating that I have read and understood this form and that I will give my consent to treatment.

Signature: _____ Date: _____

(of patient or person authorized to consent for patient)