

Disclosure Statement

Consent to treatment, Information regarding fees and policies

Client Name: _____

I, _____, attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, with Under the Willow Counseling (UTWC). The rights, risks and benefits associated with treatment have been explained to me. I understand that therapy may be discontinued at any time by either party.

About Psychotherapy:

Psychotherapy has the potential of resulting in both pleasant and unpleasant emotions. Unpleasant emotions might include various levels of distress, including sadness, guilt, anxiety, and anger, among others. The benefits of therapy in general have been clearly demonstrated. Often therapy leads to a significant reduction in distress, improvements in relationships, resolution of specific problems, personal growth and development, and greater self-knowledge. In any individual case (including yours), however, the benefits of therapy cannot be guaranteed. Additionally, the time required for treatment outcomes cannot be pre-determined.

Confidentiality Policy:

The confidentiality of patient records maintained by UTWC is protected by Federal and/or State law and regulations. Generally, UTWC may not reveal that a patient is receiving services or disclose any information identifying a patient unless 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personal in a medical emergency, or to qualified personnel for research, audit, or program evaluation. I understand that UTWC participates in supervision with other licensed clinicians and may discuss pertinent clinical information with them for consultation regarding diagnosis, assessment, treatment strategies, or to locate and assess the most appropriate resources and services a client may need. During such consultations, efforts will be made to keep identifying information regarding this client confidential.

Telephone and Email Policy:

Phone messages are checked regularly, and whenever possible calls are returned the same day. Messages are not checked after 6:00pm. If you have an emergency after 6:00pm, please call 911 or go to your nearest emergency room. Additionally, because email is not a secure mode of communication, UTWC prefers to speak by phone or in person about

issues that are personal and confidential. Email exchanges and phone contacts that exceed more than 15 minutes will be charged at the prorated hourly rate of \$120 per hour.

Payment and Cancellation Policy:

A charge of \$90 is applied when appointments are missed or cancelled *with less than 48 hours' notice*. Missed sessions are not billable to insurance and will be charged to the client unless other arrangements have been made. Individual therapy sessions (60 min) are \$120.

Full fee is required by the client *at the time of service*. UTWC prefers payment in the form of cash or check but will accept credit card payments upon request.

Insurance:

UTWC accepts Blue Cross Blue Shield (BCBS) insurance.

I acknowledge I have read and understand the information provided. I consent to treatment and agree to abide by the above stated policies and agreements with Under the Willow Counseling.

Signature of Client/Legal Guardian

Date

(In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf would sign as legal guardian)

Witness

Date