

## Informed Consent for Treatment

Welcome to my practice. This document outlines my policies regarding fees and other administrative issues. Read it carefully and feel free to discuss any questions with me at any time as we work together.

### INITIAL ASSESSMENT:

The first one to three sessions are considered intake sessions. We will get to know each other and exchange information. This will determine the course of your future treatment. Together we will clarify and agree on what you want to accomplish, and we will develop an appropriate course of action. Periodically, we will review these objectives to determine if the therapy is productive. If necessary, you may be referred to other professionals.

### FEE SCHEDULE:

My fee for a 60 minute individual session is \$160. My fee for a 60 minute couples session is \$180. Prorated longer or shorter sessions are available. My rates may change, and you will be given at least a month's notice when this occurs. In special circumstances I work with a sliding fee scale.

### MISSED APPOINTMENTS:

If you are unable to keep an appointment, please **CALL** me as soon as possible. We may speak directly, or you may leave a message on my voicemail. **DO NOT EMAIL OR TEXT.** If an appointment is cancelled or missed with less than **24 hours** notice, you are responsible for full payment for that session. Please be aware that most insurers do not reimburse for missed appointments.

### PAYMENT AND THIRD PARTY REIMBURSEMENT:

Payment is due at the beginning of each session. I accept checks or cash, but no credit cards. I offer complimentary billing services so if you wish, my billing agent will file claims for you. Or you may request a receipt that you submit yourself to your insurer for reimbursement.

### TELEPHONE CONSULTATION

Brief telephone contacts lasting less than ten minutes and calls relating to scheduling issues will not be billed. Fees for telephone sessions in excess of 10 minutes, along with administrative services such as report writing will be charged on a prorated basis of the hourly fee.

### EMERGENCY PROCEDURES

I check my voicemail messages (703-824-0324) regularly Monday through Friday and return calls as soon as I can. In the case of an emergency, you should call 911, or go to your local hospital emergency room and ask for the psychiatrist on call.

CONFIDENTIALITY:

All communications between us are confidential. Information will only be released to a third party under the following conditions: a) the client authorized the therapist to release the information with written permission; b) the client is threatening serious bodily harm to self or another; c) the therapist suspects abuse of a child, an elderly person or a disabled person; or d) a court order is issued in a judicial proceeding.

ENDING TREATMENT:

You may end treatment at any time without moral, legal or financial obligation beyond payment for sessions already rendered. However, ending our work together is an important part of the therapy process. I strongly believe in closure with my clients, so would like you to agree to plan the ending of your therapy with me and say goodbye in a session, not on the phone or by email or letter. If it seems that this might be a problem for you, I would like us to discuss this before it happens. If you cancel or miss a scheduled appointment and do not contact me within 30 days of the missed appointment date, it will be understood that you have terminated treatment. Legal constraints require me to inform you that once treatment is terminated, I am no longer your therapist and our therapeutic agreement ceases. If you decide at a future date to re-enter therapy with me, I will be happy to make every effort to see you. If for some reason that is not possible, I will provide appropriate referrals.

YOU CAN DISCUSS ANY OF THE ABOVE POLICIES WITH ME AT ANY TIME.

ACKNOWLEDGEMENT:

I have received a copy of Jane Whitaker's Consent to Treatment Notice, and I have read and understood it. I consent to treatment with Jane Whitaker, LCSW.

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_