



## CONSENT TO EVALUATION AND TREATMENT

Welcome to Lotus Counseling Center. This document contains information about our professional services and office policies. Please read it and feel free to discuss any questions you may have with your psychotherapist.

**Sessions** – Sessions are 45 – 50 minutes and are generally scheduled on a weekly or biweekly basis. Additional or longer sessions can be arranged.

**Benefits and Risks of Therapy** – Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, better physical and mental health, and hopefully the resolution of the specific concerns that lead you to seek therapy. Psychotherapy can foster personal development and liberation from unsatisfying or painful patterns of living. Patient and therapist work together to understand the meaning of the patient's emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love, and creativity. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

**Fees** – We are currently out of network providers and have a sliding fee schedule to make therapy affordable for most people. The fee may be revised from time to time. You can pay by cash, check or credit card. The client assumes any and all risks associated with postdating checks or delaying deposits and will reimburse Lotus Counseling Center a service charge of \$30.00, per occurrence, for any and all uncleared checks.

**Insurance** – Lotus Counseling Center does not normally accept insurance assignments and as such, Lotus Counseling Center is not responsible for any discrepancies between quoted and actual benefits. In addition, it is the patient's financial responsibility to pay the balance owed if the amount assigned by insurance differs from the fees charged by Lotus Counseling Center. Under special circumstances, Lotus Counseling Center will bill your insurance provider; if insurance billing services are rendered you are responsible for payment to Lotus Counseling for these administrative services.

**Cancellations** – Once we decide to work together, we reserve a time specifically for you. Please reserve cancellations for emergencies only. You will owe the full session fee if you do not reschedule or cancel with at least 48 hours notice. If you do not cancel within the allowed time you will be charged the missed session.

**Contacting Me & Emergency Procedures** – You may leave confidential phone messages at any time. It helps if you leave a few specific times when I can reach you. I will do my best to return your call on the same day or the day after. There is no charge for phone conversations of 10 minutes or less. The charge for calls of longer than 10 minutes is prorated based on your fee for a 50 minute session. However, Lotus Counseling Center is not an emergency crisis facility. If a life threatening emergency should arise you need to seek immediate assistance by contacting the police (911) or going to your nearest emergency room or hospital.

**Confidentiality** – Your privacy is extremely important to me and for our work together. What you disclose to me is generally protected by laws and ethics. I need your permission before I may release any information concerning your treatment, except under the following circumstance:

- 1) If there is a reasonable suspicion of abuse/neglect of a child, elderly, dependent, or disabled person.
- 2) If you may be in danger of harming yourself or another person
- 3) As required by a third-party to obtain reimbursement
- 4) As otherwise ordered or required by law (for example, as a result of a court order)

This form does not cover every possible exception. Please refer to the HIPAA Notice of Privacy Practices, which we supplied you.

**Professional Activities** – There are two situations where I may share some information about our work together. I may discuss your treatment in consultation with other therapists or I may share aspects of my work in teaching, presentations, or publications. In each case I will make sure to disguise personal identities and I will not use identifying information, reveal your name or things about you that could lead someone to know who I am discussing.

**Additional Charges** – Additional charges may be assessed for services other than therapy in session. Anything requiring more than ten minutes of time is billed at the prorated rate of a fifty minute session. I expect to discuss extra fees for such services in advance. There might be psychological assessments we decide to do, you may request a letter, or you may become involved in litigation which may require my participation, as well as involvement with insurance reimbursement.

If you become involved in legal proceedings, payment is required for all professional time spent including preparation, travel (and cost) even if I am called to testify by a third party. Due to the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at most legal proceedings. If I am required to appear in court, my fee is \$550 per hour, with a minimum of three hours.

**I have read this agreement, understand it, and have had my questions answered. I accept, understand, and consent to participate in treatment.**

**Client:**

**Clinician:**

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Print Name

Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Client/Guardian if Applicable Date

\_\_\_\_\_  
Print Name of Parent or Guardian only Date

if the patient is under 18 years old.