

# Hollywood Psychology Center

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[www.HollywoodPsychologyCenter.com](http://www.HollywoodPsychologyCenter.com)

## Consent to Evaluation and Treatment

**Welcome to Hollywood Psychology Center.** This document contains information about the professional services and office policies which are an integral part of our work together. Please read this document. Please feel free to discuss any questions you may have now or develop later.

**Sessions** - Sessions are 50 minutes and are generally scheduled on a weekly basis. It is important to come consistently and on time in order to have adequate structure and space for the process to unfold. Additional or less frequent sessions can sometimes 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 led you to seek therapy. However, it is also true that therapy can be uncomfortable, especially when painful feelings arise or when unpleasant aspects of your history or your present situation come up. For therapy to be effective, you need to be an active participant, both in and outside the therapy sessions. Between sessions notice what comes up for you regarding what we have discussed and what it means to you. Come to each session prepared to talk about your thoughts and especially your feelings on prior or new issues, because it is the client who determines the goals of therapy. There are no guarantees about what therapy will do for you. At times, participating in psychotherapy results in changes that you may not expect or that you did not originally intend.

**Fees** - HPC does not offer free therapy. However, we accept many insurance plans and have a sliding fee schedule to make therapy affordable for most people. These fees are based on the income and size of a client's household and type of license the clinician holds. This fee may be revised from time to time. You can pay by cash or check. We prefer check. The Client assumes any and all risks associated with postdating checks or delaying deposits, and will reimburse HPC the cost of 'bouncing' checks. You and HPC have agreed that your fee is \$ \_\_\_\_\_ per session effective the date of this agreement till revised.

**Cancellations** - Once we decide to work together, we reserve a time specifically for you. Please cancel only in the case of emergencies. You will be responsible for the full session if you do not reschedule or cancel with a 24 hour notice. If you cancel, please leave me a phone message with as much advance notice as possible. *Please note that insurance companies do not reimburse for missed sessions.*

**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. Insurance companies do not reimburse for telephone sessions. If I will be unavailable for an extended time, I will provide you with the name of a colleague for you to contact if necessary. In an **emergency** or **immediate** physical or medical crisis, contact the police (911) or go to the 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 circumstances: 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; and 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 whom I am discussing.

**Records** - I keep confidential records and personal information of our sessions. However, if you are using insurance or the employee assistance program for payment, they have a legal right to your information including records.

**Additional Charges** - Additional charges may be assessed for services other than therapy in session. Additional charges may be discussed with the office staff in advance for such things as psychological assessments, request for specific letters, copies of records, disability paperwork, litigation or others not listed here. 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. I expect to discuss extra fees for such services in advance.

**Conclusion of Therapy** - Termination is an important aspect of the therapeutic process and should be based on a careful discussion. In some circumstances people feel that they want to end therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For these reasons I recommend at least one session for termination under all circumstances.

**I have read this agreement, understand it, and have had my questions answered. I accept, understand, and consent to participate in treatment. I give the HPC clinician permission to thank the individual for referring me to HPC and the clinician.**

**Client**

Print Name

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Signature

Date

Signature of guardian

Date

**HPC Clinician**

Print Name

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Signature

Date

Client Number

License