

Consent to Treatment

This form is to document that I, _____ give my permission and consent to Mary Schumann, Ph.D., Licensed Clinical Psychologist, to provide psychotherapeutic treatment for myself.

While I expect benefits from this treatment, I fully understand that because of factors beyond our control or other factors, such benefits and particular outcomes cannot be guaranteed.

I understand that because of this counseling or therapy, I may experience emotional discomfort, feel worse at times during treatment, and make life changes which may cause distress.

I understand that this therapist is not providing emergency service and we have been informed of whom to call upon in an emergency or during weekend and evening hours.

I understand that if I cannot keep an appointment, I must notify the therapist at least 24 hours in advance, and that I will be charged for the appointment if I fail to do so.

I also understand that regular attendance will produce the maximum benefits but that we am free to discontinue treatment at any time. If I decide to do so, I will notify the therapist at least two weeks in advance so that effective planning for continued care can be implemented.

I also understand that this therapist does not conduct therapy over email due to the problems of confidentiality of digital information.

I understand that conversations with the therapist will almost always be confidential. I further understand that the therapist must, BY LAW, report actual or suspected child or elder abuse to the appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone we may threaten with violence, harmful or dangerous actions (including those to ourselves) and may break confidentiality of our communications if such a situation arises. I understand that the therapist will make reasonable efforts to resolve these situations before breaking confidentiality.

I understand that I am financially responsible for this treatment. Charges for regular sessions are 130.00 for a 50 minute session; diagnostic session (first session) is 90 minutes and is 200.00.

I know of no reasons that I should not undertake this therapy and I agree to participate fully and voluntarily.

Signature

Date

