INFORMED CONSENT

Welcome to our practice. We are glad you are here. We are committed to providing you quality care in a confidential setting.

CONFIDENTIALITY: Everything you say in the clinical interview and the written notes taken are confidential and may not be released to anyone without your written permission, except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; if your records are subpoenaed by a court of law; if information is requested by your insurance company; if you report sexual misconduct of a mental health care practitioner; if you report that you are HIV positive and it has not been reported to health authorities. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during any portion of the evaluation, and I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or other third party payer in order to process the claims. Only the minimum necessary information will be communicated to the carrier.

RECORDS AND YOUR RIGHT TO REVIEW THEM: The law requires that I keep records for seven years or three years past the age of majority. As a patient, you have the right to review your records at any time, except in limited legal or emergency circumstances or when I feel that releasing such information might be harmful. Upon your request, I will release information to any agency/person you specify unless I feel that releasing such information might be harmful. A $50 preparation fee for any records requested will be incurred.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact our office, please call (972) 762-1602. If your call is not answered, please leave a detailed voicemail message. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away, call 911 or go to your nearest emergency room. We will make every effort to return your call within one hour. If your urgent voicemail message is not returned within an hour, place the message again.

REFERRALS: Should you and/or I believe that a referral is needed, I will provide some alternatives, including programs and/or other providers who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

COURT: Please do not request or subpoena me to testify or provide records in any legal proceedings. I do not agree to serve as an expert witness or to provide testimonial services for you, and you agree not to cause me to be used in this way. Should you or your attorney subpoena me as a factual case witness or involve me in court-related proceedings, you agree to pay $300 for every hour of my time involved including case preparation, travel, and witness time. You further agree to pay a retainer fee of $3,000 at the time a subpoena is served to be applied toward these charges. A bill will be rendered to you for immediate payment when a subpoena is issued. Any part of the retainer not used will be refunded within 30 days of the court-determined final disposition of your case.

I have read the above policies. I understand them and agree to comply with them. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.

_____Date:_____

Signature of Patient