

CONSENT FOR TREATMENT

Consent for Psychotherapy

Psychotherapy can help you relieve distress, understand your actions and motivations, and improve the quality of your life and relationships. It requires collaborative work. Your openness, honesty, and commitment will affect your progress, as will other circumstances in your life. The length of time varies, and benefits are expected to occur with regular participation over time. While it is meant to be helpful, therapy can at times evoke painful and difficult feelings.

Participation in therapy is voluntary, and you may withdraw at any time. However, because important feelings often influence the desire to end therapy, I encourage you to talk things over with me before stopping.

Payment for Services

- Payment is expected at each session unless other arrangements have been made.
- Fees can be paid by cash or checks made payable to Ellen Morrison
- I can give you a written statement at the end of each month for the purpose of reimbursement from your insurance company. You are responsible for verifying your coverage, obtaining any necessary authorizations, and completing most insurance related phone calls and paperwork. If insurance does not reimburse for missed sessions, or late cancellations, you are responsible for payment of these charges. You are also responsible for all co-payments and deductibles, and for any charges that your insurance declines. Please note that submitting a mental health claim may limit your confidentiality, privacy, or future ability to obtain health or life insurance.
- I bill for extended phone consultations and additional collateral work at a rate equivalent to the hourly rate we agree on, if either exceeds 20 minutes.

Cancellations and Missed Sessions

Once we agree on a regular time or times to meet during the week, I will reserve those hours for you and payment for this time is your responsibility. In the case of cancellations, I require 24-hour advance notice, otherwise you will be charged for the missed appointment. If you need to cancel in less than 24 hours, and we are able to reschedule your session during a seven-day period, there is no charge. If we are unable to reschedule your session, you are responsible for payment of the missed appointment.

Telephone Contact

If there is an urgent matter that cannot wait until your next appointment, you can call me and I will return your call within 24 hours - you may leave me a confidential voicemail at 510-332-7839. Phone calls of 10-20 minutes or less are standard. If more time is needed, we can schedule a session before your next appointment. In support of effective treatment and privacy, clinical conversation will be by phone, video or in-person communication. Email and text will be reserved for logistical and scheduling purposes only.

In an immediate crisis, please leave me a message and also call 911 or go to your nearest emergency room.

Confidentiality and Privacy

All individually identifiable information, consultations and records are confidential unless:

- 1) You authorize release of information with your signature.
- 2) I am rightfully ordered by a court of law to release information.
- 3) You present a physical danger to yourself or others
- 4) Child abuse/neglect or elder abuse/neglect are suspected.

In the latter two cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

Ellen Morrison, LCSW (#29571)

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CONSENT FOR TREATMENT

Please sign below to indicate that you have read and understand this agreement, and voluntarily consent to treatment according to these terms.

Signature

Today's date

Printed Name: _____ Date of birth _____

Address City State Zip

Phone number _____

Emergency Contact:

Name _____

Phone Number _____