

SHARON R. SCHWARTZ, PH.D.

Licensed Psychologist
PSY 12157
13400 Riverside Drive Suite 318
Sherman Oaks, CA 91436

6330 San Vicente Blvd. Suite 510
Los Angeles CA. 90046

Consent for Treatment

As your therapist, I look forward to working with you and want to give you some important information about the services you will receive. This consent form will provide a clear framework for our work together and will facilitate our working relationship. Please feel free to discuss any questions with me.

- 1). **Confidentiality:** As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law or professional guidelines:

A. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.

B. If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person (or to another's property), I must warn whomever may be in

C. If a court has ordered your treatment with me, or if I am served with a subpoena. For example, in the context of a legal proceeding in which you raise your own psychological state as an issue, I am required to release information to the court, or may have to appear in court.

D. Finally, if you as a client reveal a serious intent to harm yourself, I am ethically bound to do what I can to help keep you safe, which may involve notifying others who may be of help.

In all of the above cases, it is incumbent upon to me to release only that information necessary to appropriately carry out my responsibilities, your confidentiality still remains an ethical priority.

In order to provide the best possible service to my clients, I consult with other licensed professionals, from time to time, for additional therapeutic input. In these consultations, I make every effort to protect your anonymity. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

- 2). **Sessions:** Your weekly appointment time is reserved for you. Therapy sessions are normally 50 minutes. Appointment cancellations must be made 24 hours in advance, otherwise, you are responsible for the fee for such sessions. (Insurance companies do not normally reimburse for missed sessions).

- 3). **Payment for Services:** You are expected to pay for services at the time of our session, unless we have agreed on other arrangements. If you request it, I will give you a monthly statement, which you can use to bill your insurance for reimbursement. We will agree upon a fee at the outset of treatment. Any fee change is negotiated in good faith; it is your responsibility to notify me if your financial situation changes. My fees may change over the course of treatment, but with consideration to your financial ability to continue in treatment. Typically, fees will be raised once yearly. Fees for writing a psychological report or court appearances will be negotiated separately between us. In general, it is important to discuss with me any issues that arise connected to our financial arrangements, so that these do not hinder our working relationship.
Past due payments -- Payment for services which is past due over 120 days may be subject to collection through the use of a collection agency. However, efforts will be made to make other arrangements with you as needed.
- 4). **Telephone Accessibility:** I will return calls as soon as possible should you need to speak to me between sessions. I do not charge fees for telephone consultations that are less than 10 minutes. Consultations of greater length will be pro-rated based on your hourly fee.
- 5). **Patient Rights:** In addition to confidentiality, as spelled out above, you have the right to end your therapy at any time, for whatever reason, without any moral, legal or financial obligation, except for fees already incurred. You have the right to question any aspect of your treatment with me, and to expect that I will work with you to meet your needs for adjunctive or alternative treatment. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Psychotherapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

Please feel free to ask any questions or discuss any of this information with me. Your signature below indicates that you have read and understand this information, and have received a copy of this consent form.

Print Name of Client

Signature of Client/Responsible Party

Date

Print Name of Client

Signature of Client/Responsible Party

Date