Informed Consent for Treatment

Welcome to my practice. In signing this form, you are agreeing to the following:

Roberta E. Vose, Licensed Clinical Social Worker (herein referred to as "I", "my" or "me"), offers some fairly clearly defined types of psychological services. You can learn more about these services in your first session with me. I will also explain the nature of the services verbally to you upon request. There are other types and styles of psychotherapy services available in the Central Florida community and world at large. You do not have to seek and receive services from me. You can terminate services with me at any time.

Receiving psychotherapy is not always a pleasant experience. Sometimes uncomfortable emotions occur as a natural and necessary part of the process. It is best to discuss these feelings with me when they occur.

My services incur cost, and, regardless of your insurance benefits, you are solely responsible for the timely payment of my fees. Failure to meet the expectations for timely payment can result in having your personal information sent to a collection agency, and other legal means of attempting to collect your debt. Referral to a collection agency may result in emotional and financial difficulties for you, including a reduced credit rating.

Everything that is discussed during your psychotherapy session is confidential, and will not be shared with anyone, except under the following circumstances: a child, dependent adult, or elder is being or has been abused or neglected, or has been a witness to domestic violence; you are suicidal, homicidal, intent on committing an injurious act to self or other, or you are gravely disabled; a judge orders me as your therapist to discuss your case and /or release your treatment records; your insurance company or companies request or require specific information necessary to complete billing and reimbursement practices; or I decide to discuss your case with a mental health consultant to improve the quality of your treatment. In this last scenario, I will take reasonable precautions to disguise any information that might reveal your identity. Please refer to my Notice of Privacy Practices Required by Federal Law which includes Privacy Protections under State Law for additional specific use and disclosures.

You are seeking my services to gain the established benefits of psychotherapy. Most clients, but not all, notice progress and improvement over time in treatment. You are NOT seeking my services to generate reports for yourself or third parties, seek copies of clinical records for yourself or third parties, or compel my testimony in a legal proceeding, unless you have my explicit written agreement to do so.

For children's, couples, or family treatment, all of the terms set forth here and in the adjunctive documents mentioned here apply to all participants in the treatment. For these types of treatments, or for adjunctive contacts to individual treatments, you understand that I will not keep secrets from any patient in that treatment.

Copies of this and all documents related to your psychological treatment are as valid as the original(s).

Client Name:
(Print):_____**Signature:**_____
_____

Parent/Guardian Name:

(Print):_____**Signature:**_____
_____

(Print):_____**Signature:**_____
_____

Date: _____