Elizabeth Scott, LMFT

MARRIAGE & FAMILY THERAPIST

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CONSENT FOR TREATMENT

Welcome to your initial therapy session with me. Please read, initial, and date pages 1-3 before signing page 4.

Professional Disclosure Statement:

I hold a license to practice Marriage and Family Therapy in Nevada. My formal education has prepared me to counsel adults, adolescents, children, couples, and families with a range of mental health, intrapersonal, and relational concerns. Maintaining my license necessitates I engage in relevant continuing education by taking classes and attending trainings that broaden my scope of competence.

Counseling Services and Professional Relationship:

My license and training allow me to employ a variety of techniques in pursuit of identified therapeutic goals. Working toward these therapeutic goals requires effort on your part and may result in unexpected feelings, thoughts, and behavioral changes. Therapy involves a commitment. You should choose your therapist carefully. I encourage you to ask questions whenever they arise.

Our sessions may be intimate psychologically, but ours is a professional relationship rather than a social one. Our contact will be limited to the time scheduled for your sessions. Any contact made in any setting outside my office will be determined by your comfort and what best protects your confidentiality. If we see each other outside my office, I will not initiate any communication or engagement. I will respond to greetings or brief exchanges you initiate.

Per my ethical guidelines, I do not provide evaluation services. Such services could include supporting documentation or testimony about divorce or child visitation, place of residence, or custody. Evaluation services could also include information related to disability. Evaluation services are provided by an individual with the necessary training and in a non-treatment role. Due to the possibility of liability, I do not provide letters of recommendation for emotional support animals.

The relationship between a client and therapist is important. You deserve that relationship to be beneficial. You are free to end therapy with me at any time. If you should choose not to continue therapy with me and want to continue with someone else, I will provide you with the names of other therapists. If I believe that therapy together is no longer beneficial to you or you would be better served by a different therapist, I will also provide you with referrals.

If you have a complaint about the services I provide or believe I have behaved in an unprofessional manner, you may contact the Nevada Board of Examiners for Marriage and Family Therapy.

Sessions:

Sessions are generally scheduled in 45-60-minute increments.

If you are unable to attend your scheduled appointment, please provide as much notice as possible. This allows for someone else to be scheduled at that time. A no call/no show is an appointment in which an individual neither attends nor calls to cancel the session. A no call/no show is subject to a $75 fee. A late cancellation is an

Sessions (cont.)

appointment in which an individual provides less than twenty-four hours' notice and may be subject to a $75 fee. Repeated cancellations of less than twenty-four hours are subject to a $75 fee per cancellation.

A total of three no call/no show or late cancellation appointments (or any combination thereof) may result in termination of services. Additionally, repeated cancellations (regardless of notice given) may result in a $75 fee per cancellation and termination of services.

Professional Fees:

My fee for a 45-minute session is $130, a 60-minute session is $150, and a 75-minute session is $180.

In addition to scheduled appointments, you may ask me to provide other, non-clinical services. These services will be billed at a rate of $100 per hour and will be pro-rated for shorter periods of time. Such services may include report writing, telephone consultations lasting longer than fifteen minutes, attendance at meetings with other professionals, and preparing a treatment summary. Charges for any of these services will be discussed at the time of the request, and prior to any fees being accrued. Separately, participation in any legal proceedings will be charged at the full clinical hourly rate of $150.

Billing and Payments:

You will be expected to pay for each session at the time it is held unless we agree otherwise. In a situation of financial hardship or change, arrangements can be made on a case-by-case basis.

I currently hold active contracts with Hometown Health, Healthscope, Prominence (St. Mary's/Nevada Preferred), CDS, Anthem Blue Cross/Blue Shield, and United Healthcare. All charges related to therapy services are your responsibility, whether your insurance carrier pays or not. You are required to pay unpaid deductibles and co-payments. Any balance that accumulates because of a discrepancy between your payment and the insurance company is your responsibility. Some insurance companies limit the number of sessions they authorize. It may be necessary to seek approval for more therapy after the authorized number of sessions. If you wish to continue in therapy longer than the number of sessions authorized, you will be responsible for the full fee.

Your signature on this consent form gives me permission to bill your insurance company and release any relevant or necessary information.

If you do not meet your financial obligations to me, I may choose to discontinue therapy with you and provide you with referrals to other therapists.

Contacting Me:

You may contact me at the (775) 825-2503 telephone number, or my direct number (775) 300-7611. Both telephone numbers ring to a voicemail service that I monitor. I make every effort to return calls in as timely a manner as possible. I typically return calls during regular business hours, and I generally do not return phone calls in the evenings, on the weekend, on Wednesdays, or holidays.

If you are unable to reach me and are experiencing an issue that cannot wait for a return call, you can contact the Crisis Call Center at (800) 273-8255 to speak to a trained volunteer. **You may also call my on-call service at (775) 473-1407 if you need immediate clinical assistance for a life-threatening issue** such as suicidal/homicidal distress. This line is monitored by a group of professional counselors who are qualified to assess your situation and make a referral for urgent care as appropriate.

Please note that I do not make myself available to clients via e-mail, text messaging, or social networking sites.

Initial: _____ Date: _____

Professional Records and Privacy:

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records at your request, or I can prepare a summary for you. No portion of your record may be released to a third party without your written consent, with some exceptions as outlined below:

> Minors: If you are under the age of eighteen, please be aware that the law may provide your parents the right to access your treatment records. To protect your privacy, I will strongly encourage your parents to refrain from exercising this right unless it is necessary. Therapy is most effective when we believe our words will be kept confidential. Information shared with parents will be discussed between the client and therapist, if possible, before it is shared with parents. If I believe there is a high risk that you will seriously harm yourself or someone else, I will share this information in order to keep you safe.

I strongly encourage anyone interested in the release of their records to a third party to have a conversation with me about the possible impact of such a decision. Information contained within treatment records may be subject to interpretation if others are given access.

I must maintain your records for a period of 5 years following our final session together; if you are a minor at the time of our final session, I will maintain your records until you turn 23. All records will be destroyed following these specified periods.

Confidentiality:

The privacy of all communication between a client and therapist are protected by law. I can only release information about our work together to others with your written permission. There are a few exceptions in which I am legally obligated to act in order to prevent you or someone else from harm. These include:

- If there is reason to believe a child or elderly person is being or has been abused, harmed, or neglected.
- If you threaten to commit serious bodily harm to yourself or a specific, identified person.
- If I am presented with a subpoena or court order that has been signed by a judge.

In any of the above circumstances, I will reveal the minimum amount of necessary information. It is my goal to share this information with you before any disclosure is made. It may be appropriate for you to participate in the disclosure with me.

For additional information regarding your rights to confidentiality and record keeping, you may visit the U.S. Department of Health & Human Services (HHS) website: https://www.hhs.gov/hipaa/for-individuals/index.html.

Initial: _____ *Date:* _____

CONSENT FOR TREATMENT SIGNATURE PAGE

I have read the Consent for Treatment form, which includes information about the treatment process and my rights under the Health Insurance Portability and Accountability Act. By signing, dating, and printing my name on this page, I acknowledge that I have read and agree to abide by these terms throughout the course of treatment.

Client Name (please print)_____

Client Signature_____ Date_____

Client Name (please print)_____

Client Signature_____ Date_____

Parent/Guardian Name (please print)_____

Signature Parent/Guardian _____ Date_____

Parent/Guardian Name (please print)_____

Signature Parent/Guardian _____ Date_____

Therapist Signature _____ Date_____