

# Blake Hamilton L.C.S.W.

## Consent to Treatment

### **General Information:**

Welcome to our offices. This form is designed to facilitate your entry into the therapeutic process. Since we will likely be working together for an appreciable period of time, we encourage you to ask questions about any aspect of the relationship that concerns you at any point in the treatment process. Goals of treatment and methods to achieve them are open to discussion at any time.

While we will work to achieve maximum benefit from treatment, there is no way to guarantee such benefits or particular outcomes. The process of therapy may entail exploring difficult and often painful issues. As a result, you may experience emotional strain during treatment as these painful issues are explored. This is a normal component of the healing process. Weekly attendance will result in maximum benefit from the treatment process. Your commitment is paramount in achieving maximum results.

A voice mail system has been setup when we are unavailable to take your call. Messages are checked regularly and we will do our best to return your call within a reasonable amount of time. In case of a psychiatric emergency, please go directly to your nearest hospital emergency room or call 911 for assistance.

### **Confidentiality:**

In general, the law protects the confidentiality of all communications between a client and psychotherapist. The law of Illinois provides that the rule of confidentiality can only be broken in the most extreme circumstances. Examples of these include suspected child abuse or dependent adult or elder abuse, if a client is threatening serious bodily harm to another person, if the client intends to harm himself or herself, or if you waive your rights to confidentiality.

Your therapist will make every effort to respect your privacy. Should we meet outside of the therapy office, no attempt to initiate contact will be taken on the part of your therapist. Conversely, you are under no obligation to acknowledge the relationship as well. This formality of relationship protects the therapeutic process.

### **Appointments and Cancellations:**

When a regular appointment time is set for you that session is reserved for your exclusive use. You will be charged for missed or cancelled sessions. There may be many different reasons – practical and not – for your missing your session and it will be important to discuss all of these with your therapist. Please keep in mind, however, that whether or not you attend, the time is still being held for you. Any cancellations of appointments must be made at least 48 hours in advance of the scheduled session. Failure to notify the office within this timeframe will result in the imposition of the full session fee.

Make-ups will be provided within 30 days where a mutually agreed upon time can be determined between you and your therapist.

Please inform your therapist a minimum of two weeks prior to utilizing a missed vacation session. Sessions missed for illness or other reasons are the responsibility of the client. Every attempt will be made to makeup the appointment within a reasonable amount of time, usually within 7 days.

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It is important that you give advance notice to your therapist about your intention to stop treatment, in order that you have sufficient session time to explore and understand the factors involved in your termination. However, with less than a weeks notice you will be charged for that cancelled last appointment.

**Payment:**

Rates  
(Per 45-50 minute session) \$180 per session

Reduced Fee  
Reduced fee services are available on a limited basis

Clients are expected to pay the standard fee of \$180.00 per 45 to 50 minute session unless other arrangements have been made prior to the provision of services. Most insurance plans will cover outpatient mental health treatment. Please bring your insurance card to the first appointment. Your co-payment, deductible, and the number of sessions allowed per year depend on your particular plan. The quote of benefits we get from your insurance company is not a guarantee of coverage. Please note that you are responsible for any sessions your insurance company will not cover. Clients are expected to pay their fees, including co-pays, before weekly services are provided. Clients who are over two weeks in arrears will need to speak to their individual therapist regarding financial arrangements. A fee will be agreed upon at intake.

There will be a \$20 charge for returned checks to cover the bank fees charged to us. The check will be returned, and a replacement check will be required which includes the additional returned check charge. All delinquent accounts will be referred to a collection agency if not brought up to date within 30 days past the close of treatment.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

