



CONSENT FOR TREATMENT

Welcome to Chesapeake South Therapeutic Group LLC. This letter answers questions that clients often ask about therapy. We believe our work will be most helpful to you when you have a clear idea of the therapeutic process.

About Psychotherapy

You should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions.

About Our Appointments

An appointment is a commitment to our work. We agree to meet here and to be on time. If your therapist is unable to start on time, Chesapeake South Therapeutic Group LLC ask for your understanding. Chesapeake South Therapeutic Group LLC also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that your therapist will have another appointment after yours. A cancelled appointment delays your progress. Your therapist sees our meetings as very important and asks you to do the same. When you must cancel, please give advance notice. Your session time is reserved for you. Chesapeake South Therapeutic Group LLC is rarely able to fill a cancelled session unless I know in advance. If the appointment is cancelled with less than 24 hours advance notice, you can expect to be charged \$45. Your insurance will not cover this charge.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; you are responsible for seeing that services are paid for. Meeting this responsibility shows your commitment. You will be given advance notice if fees should change. It is assumed that our agreed-upon fee-paying relationship will continue as long as services are provided to you. Chesapeake South Therapeutic Group LLC will assume this until you tell us in person, by telephone, or by certified mail that you wish to end this agreement. You have a responsibility to pay for any services you receive before you end the relationship. If there is any problem with charges, billing, your insurance, or any other money-related point, please bring it to the attention of our office manager. We will do the same with you.

Psychotherapy Session: of 45-55 minutes, the fee for a self-pay client is \$_____, as agreed upon between Chesapeake South Therapeutic Group LLC and client. (_____ *Clients Initial*).

Reports: Chesapeake South Therapeutic Group LLC will not charge you for the time spent making routine reports to your insurance company. However, you will be billed for any extra-long or complex reports requested, such as reports intended for Court. This charge is \$150. Insurance benefits do not cover these charges.

Court Appearance: In the rare event that your therapist is mandated to attend court on your behalf, the charge will be \$100 per hour. This time starts at the time your therapist leaves their home/office and stops at the time your therapist returns to their home/office. This bill is expected to be paid regardless of the outcome of your court case. Insurance benefits do not cover these charges.

About Confidentiality

Chesapeake South Therapeutic Group LLC will treat with great care all the information you share. It is your legal right that our sessions and records about you are kept private. That is why you are asked to sign a “release-of-records” form before Chesapeake South Therapeutic Group LLC can talk about you or send records about you to anyone else. If we meet on the street or socially, your therapist may not say hello or talk to you very much. This behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by federal and state laws and by the rules of the profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to Chesapeake South Therapeutic Group LLC by a court or an employer for evaluation or treatment, the court or employer expects a report from your therapist. If this is your situation, please talk with Chesapeake South Therapeutic Group LLC.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing a therapist, Chesapeake South Therapeutic Group LLC may then be ordered to show the court records. Please consult your lawyer about these issues.
3. **If you make a serious threat to harm yourself or another person, the law requires Chesapeake South Therapeutic Group LLC to try to protect you or that other person. This usually means telling others about the threat. Your therapist cannot promise never to tell others about threats you make.**
4. **If I believe a child has been or will be abused or neglected, your therapist is legally required to report this to the authorities.**

There are three situations Chesapeake South Therapeutic Group LLC might talk about part of your case with another therapist. First, when your therapist is away from the office for a few days, he/she has a trusted fellow therapist "cover." This therapist will be available to you in emergencies. Of course, this therapist is bound by the same laws and rules regarding protecting of your confidentiality. Second, your therapist will sometimes consult other therapists or other professionals about clients. This helps in giving high-quality treatment. Only limited client specific information will be shared during these exchanges. Third, if our our relationship needs to be discontinued because of illness, disability, or other presently unforeseen circumstances, Chesapeake South Therapeutic Group LLC asks you to agree to transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If You Need to Contact Me

Chesapeake South Therapeutic Group LLC cannot promise that your therapist will be available at all times; although, most therapists are in the office at least every other day, during the workweek. Your therapist does not take phone calls when with another client. You can leave a message and your phone call will be returned as soon as possible. Generally, messages are returned within 24 hrs except on weekends and holidays. If you have an urgent behavioral or emotional crisis please go to the nearest hospital emergency room.

Electronic Communications: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent to me via computer in a work-place environment could be legally accessible by your employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, Chesapeake South Therapeutic Group LLC will do so. While Chesapeake South Therapeutic Group LLC will try to return messages in a timely manner, there is no guarantee of an immediate response and request that you do not use these methods of communication to request assistance for emergencies. In addition, Chesapeake South Therapeutic Group LLC is ethically and legally obligated to maintain records of each meeting and can include conversations via phone or correspondence via electronic communication.

Social Networking: Your therapist does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further. ***Please note that Chesapeake South Therapeutic Group LLC has a business Facebook page where clients can "LIKE" the page to follow articles and other encouraging counseling related information:** <https://www.facebook.com/ChesapeakeSouthTherapeuticGroupLLC/home>

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement. It does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time, during my treatment, I have questions about any of the subjects discussed in this agreement, I can talk with Chesapeake South Therapeutic Group LLC about them. I understand that after therapy begins I have the right to withdraw my

consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I understand that no specific promises have been made to me by Chesapeake South Therapeutic Group LLC about the results of treatment, the effectiveness of the procedures used by Chesapeake South Therapeutic Group LLC, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this agreement. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this agreement, I hereby agree to enter into therapy with Chesapeake South Therapeutic Group LLC (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client: Self Parent Legal guardian
 Health care custodial parent of a minor (less than 14 years of age)
 Other person authorized to act on behalf of the client - specify

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this consent. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date