

Psychology Consultants Associated, P.A.
Terms of Treatment

1. You have the right to be treated with dignity and respect.
2. You have the right to discuss your course of treatment with your therapist and to receive treatment updates on your progress.
3. You have the right to ask about other forms of treatment that could be considered in addition to therapy. Risks and benefits of treatment should be considered and discussed.
4. You have the right to confidentiality. This is key to trust and a successful therapeutic relationship. Information about you or your family will not be shared with others without your written permission with the following exceptions:

*The therapist legally must report cases of suspected child neglect or physical or sexual abuse to Family Protective Services even if the alleged victim is an adult when the incident is reported.

*If the therapist feels that he/she is a danger to themselves, the patient's therapist legally must take appropriate actions to ensure the patient's safety. This may include contacting outside providers for immediate intervention. If possible, the therapist should discuss the intended actions with the patient and disclose only information that is relevant to their situation.

*If the therapist feels that he/she is a danger to another person, this legally must be reported to the person who may be in danger and to the proper authorities.

*Your records may be reviewed by another professional provider at this practice as part of a peer review process.

*Your diagnosis, treatment progress, or other necessary information may be shared with your insurance provider as requested in order to obtain authorization for services.

*Your therapist can provide information to other service providers, family members, or outside agencies with your permission by signing a Release of Information form to allow this.

*Minors under the age of 18 do not have the authority to decide what can be kept confidential. Please discuss with your therapist how information can be shared between parent and therapist to allow for optimal therapeutic rapport between the child and the therapist while ensuring the health and safety of the minor patient.

5. If you have an emergency after hours or on weekends, you need to know that we are not a crisis clinic and will not be able to assist you. In this event, please call 911 or get to the nearest hospital Emergency Room for crisis help.
6. You have the right to cancel treatment at any time. If your therapist feels that this is not in your best interest, you may receive a letter that provides referral information to another provider or agency.
7. We understand that things come up requiring changes in scheduled appointments. Please provide the courtesy of 24 hour notice whenever possible so that therapists do not have wasted time in their schedule. We do bill for missed appointments without sufficient notice at the rate of \$85 per missed session. Your therapist has the discretion to not allow future appointments if appointments are being missed too often. In the event that this occurs, referral options will be provided.

Signature of Patient/Parent _____

Date: _____

Signature of Therapist _____

Date: _____