

**Sharon R Peterson, LCSW, CEDS    Informed Consent Statement**

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### **Consent for therapy**

The decision to begin therapy may have important results for your life. Research has shown that individuals entering therapy achieve more favorable results when they have a good understanding of what to expect. I have therefore developed this consent form to provide you with an overview. It is impossible to cover everything, so I do encourage you to ask any questions that you have regarding any of the information included here, or about the therapeutic process in general. It is also important for you to know that while you will hopefully experience positive results and changes in your life as a result of therapy, there may also be some negative feelings or difficulties that may arise. For example, therapy can bring up difficult/painful emotions that take time to work through. Further, as you make changes in your life, potentially stressful changes may also occur in your relationships with others. It is key that you enter into therapy with a realistic understanding of both the potential benefits and risks. Therapy may not always be profitable, and so both therapist and client should periodically evaluate progress in therapy.

### **Confidentiality**

I place the highest value on the confidentiality of your records. Records will be held confidential except as required by law or as released by your written authorization. In a small number of situations, I am legally required to reveal information. For example, if you reveal information that indicates a clear danger of injury to yourself or others or by court order. In addition, if I believe that a child has been or is in danger of being abused I am required by law to report this to the authorities. Finally, under certain insurance contracts, your records may be reviewed for quality and appropriateness of care by your insurance company or an external gatekeeper. In the unlikely event that I am required to disclose confidential information, I will inform you of my actions, and reveal to others as little as is necessary to carry out my ethical and legal responsibilities in the situation. If I am on vacation, I will always have another qualified professional covering for me in the case of a client emergency. Please understand that in the event of an emergency, during my absence, information may be discussed between myself and the psychology professional, who is covering for me in order to maintain continuity of care and quality of service.

### **Payment of fees**

Payment for your therapy is expected at the beginning of each session. Payment may be in cash or check. You are responsible for seeing that my services are paid for promptly. Meeting this responsibility demonstrates your commitment to our professional relationship. My fee is \$225 for the initial evaluation and \$165 for a 45-50 minute individual therapy session. You will be expected to pay for each

session in full. These fees include reasonable time for phone calls, coordinating treatment with other doctors, record keeping, and treatment plan completion. In the unusual event that more extensive written work or telephone consultation (exceeding 15 minutes) is required a fee of \$165 per hour will be charged. If your health insurance includes Out-of-Network benefits, you will be able to submit your statements to your company for reimbursement. Please read your plan's booklet for coverage to determine the deductibles and your Out-of-Network benefits (I will be considered an Out-of-Network provider by most insurance companies, except Value Options and Medicaid).

### **Scheduling, Phone Messages, and Cancellation Policy**

I cannot promise that I will be available at all times. You can always leave a confidential message on my voicemail and I will return your call as soon as I can. Generally, I return messages daily, except on weekends, holidays, or a planned vacation. If you have an emergency or crisis that requires immediate attention you should call 911 or go to your local Emergency Room. In addition, the following hotline number can be a resource for you: the National Suicide Hopeline (1-800-273-8255).

Your sessions will be scheduled at a time that is mutually agreed upon. If either you or I are unable to keep an appointment, every effort should be made to contact the other party well in advance. Our schedules are both very busy. The cancellation of an appointment without sufficient notice means the loss of a therapy hour that could have been scheduled for somebody else. Therefore, the policy is that appointments that are not cancelled by you at least 24 hours in advance will be charged to you at the usual rate. Cancelled appointments are not covered by insurance. If you fail to attend two consecutive sessions, no further appointments will be scheduled until payment in full is received.

If you are considering stopping your therapy, please discuss this in person in your sessions. The ending of therapy is just as important as the beginning. It is important to take time to address the issues and the process around leaving. Unfortunately, in some situations, clients fail to attend several sessions and do not call to discuss the issues that are interfering with therapy appointments. If you fail to contact me within one month of not attending two scheduled sessions, I will assume that you have made a decision not to return and I will send you a letter offering other referral sources or follow-up suggestions that may be appropriate.

### **Rights and Responsibilities**

I am licensed to practice psychology by the Georgia State Board of Examiners of Social Workers and adhere to the Ethics Code of the American Psychological Association. If you ever become involved in a legal dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should have a different clinician who specializes in forensic psychology. As your therapist, I have the responsibility to ask specific and direct questions about your history, your life situation and your current distress. I also have the responsibility to be open with you and to provide information regarding your diagnosis and treatment recommendations.

As a client in psychotherapy, you also have responsibilities. Your most important responsibility is to yourself, to work toward the goals that have been set. This requires effort on your part both during and

between sessions. Entering therapy requires a commitment of time, energy and resources and often requires some courage to make the first appointment. Your commitment will be honored here and you will be treated with respect. In certain situations, you and/or I may determine that therapy is not progressing in a satisfactory manner. In this case, I have the responsibility to discuss this with you and review various options. If I do not feel that I am able to meet your needs or if concerns that arise are beyond my areas of competence, it is my ethical responsibility to refer you to a therapist who is better suited to meet your needs.

I, \_\_\_\_\_, have read the above, and understand and agree to my responsibilities. I understand that **Sharon R Peterson, LCSW, CEDS** is in independent practice and is in no way connected to the other independent providers in her suite. I understand that I am financially responsible for charges whether paid by insurance or not. I understand that no promises have been made to me as to the results of treatment provided by this therapist. I hereby agree to enter into therapy with **Sharon R Peterson, LCSW, CEDS** and to cooperate fully and to the best of my ability, as shown by my signature here.

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**Signature of Client**

\_\_\_\_\_  
**Date**

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**Sharon R Peterson, LCSW, CEDS**  
**GA License #- CSW005478**

\_\_\_\_\_  
**Date**