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Licensed Marriage and Family Therapist # 90492

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Consent for Treatment

***This document is intended to provide important information to you about my professional services and business policies. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.**

Psychotherapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. It also involves discussing a range of feelings or experiences that may create uncomfortable emotions, which we will address. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you my impressions of what our work will include and a treatment plan to follow. You should evaluate this information. If you have questions about my procedures, we should discuss them whenever they arise.

Information about Your Therapist

I am a Licensed Marriage and Family Therapist # 90492 in private practice.

Confidentiality

The content of psychotherapy sessions is considered confidential and privileged, as is the identity of the client unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, written consent of all parties is required for any release of records.

There are, however, conditions under which the therapist has the legal or ethical obligation or right to breach the agreement of confidentiality. Those circumstances include, but are not limited to, the following:

If I have reason to believe that you present a serious danger to yourself, I am ethically bound to do what I can to keep you safe, which may involve notifying others who may be of help.

If I have reason to believe that you present a danger to another person as a result of a violent act that you may commit, I must take action to protect that person.

If I have reason to believe that you are gravely disabled and cannot provide reasonable care for your own safety and maintenance of your basic needs, I am ethically bound to contact appropriate resources for you.

Instance of suspected abuse of a child, an elderly person, or a dependent adult must be reported to the appropriate protective service.

If a court has ordered your treatment with me, or if you introduce your emotional condition into a legal proceeding and I am subpoenaed, I may be required to release information to the court or to give testimony.

In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Releasing Information to Other Professionals

If you apply for insurance reimbursement, I am required to supply a diagnosis, dates of treatment and charges to treatment.

There may be times that I seek consultation with other professionals, such as your physician, regarding your care. In that case, I will obtain your permission before contacting them. If you fail to pay for services rendered, I may pursue any avenue of relief available to me.

Sessions

Individual Sessions are 50 minutes in length. Sessions are typically scheduled to occur one time per week at the same time and day. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

Payment for Services

The fee for service is \$300.00 per individual therapy session. Fees are payable at the beginning or end of each session.

If a sliding scale fee has been assessed, your fee for treatment is \$_____. If a sliding scale fee has been assessed, your fee for treatment will be reassessed every six months, until increased to my base fee.

Cancellation Policies

In order to cancel or reschedule an appointment, you are expected to notify your therapist at least **24 hrs** in advance of your appointment. If you do not provide your therapist with at least **24 hours** notice in advance, you are responsible for payment for the missed session. If we are unable to find a time within the week to reschedule your appointment that coincides with both of our schedules, then payment is due at the time of the originally missed appointment.

Insurance Reimbursements

Insurance reimbursements will be paid directly to the client. You will have responsibility for making insurance claims, as full payment is expected at each session unless other arrangements have been made. You will receive a statement that can be used to make your insurance claim. I will respond to inquiries from your insurance company at your request. If they contact me directly, I will respond to them only with your permission.

Telephone calls/Emergencies

You may leave a message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call and request a return phone call.

Unless you request otherwise, I will return your phone call at my next convenience. Non-urgent phone calls are returned during normal workdays (Monday through Friday) are usually returned within 24 hours. Phone calls longer than 15 minutes will be billed at a rate of \$150 per hour

If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my voicemail.

***In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

Therapist Communications

I may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means. *Email correspondence is not considered to be a confidential medium of communication and will not be used for clinical communication. It may be used for billing or scheduling, at times.

___ My therapist may call me at my home. My home phone number is: () _____

___ My therapist may call me on my cell phone. My cell phone number is: () _____

___ My therapist may call me at work. My work phone number is: () _____

___ My therapist may send mail to me at my home address _____

___ My therapist may communicate with me by email. My email address is: _____

Minors and Parents

Clients under 18 years of age, who are not emancipated, and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment I will provide them with only general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else. In those cases, I will notify the parent of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he or she may have.

