

Stephanie Dowling, LPC

Consent to Treatment

Client's Name _____

Date of Birth: ___/___/___ Client Phone#: _____

Client Address _____

City, State _____ Zip Code _____

Email Address _____@_____

Referral Source _____

Welcome to the counseling process with Stephanie Dowling, LPC. Please read this document carefully and note any questions you might have so you can discuss them during your intake. Once you sign this consent form, it will constitute an agreement between you and Stephanie Dowling, LPC.

Nature of Counseling Services

Psychotherapy is the process where mental health distresses and disorders are assessed, evaluated, and treated. There are a variety of techniques and therapeutic modalities that can and will be utilized to address the issue(s) that prompted you to seek counsel.

These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation to be effective. Psychotherapy has both benefits and risks.

Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life.

Potential benefits include significant reduction in feelings of distress, better relationships with Self and others, better problem-solving and coping skills, and the potential resolution of specific problems.

Given the nature of psychotherapy, it is difficult to predict what exactly will happen, however, I will always do my best to ensure that you will be able to handle the possible risks and experience the potential benefits.

Psychotherapy remains an inexact science and no guarantees can be made regarding outcomes. Your signature demonstrates your understanding this concept.

Confidentiality Agreement

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission (in the form of a Release of Information). However, there are a number of exceptions:

- A client is a danger to self / others,
- A client requests release of information,
- A court orders a release of information,
- A client initiates a malpractice lawsuit,
- A client is below 18 years of age, parents have rights to therapeutic information
- A child is abused or neglected
- An elderly person is abused or neglected
- An insurance company or managed care company requests a diagnosis and / or relevant clinical information

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

(Guardian Signature _____ Date _____)

Do I have your permission to thank the referral source? YES____ NO ____

To Parents of Adolescents

I understand the need for confidentiality between my son/daughter and his/her therapist and that confidentiality will be maintained unless the therapist determines that my son/daughter is a danger to self or others.

Parent/Guardian Signature _____

Date_____

Stephanie Dowling, LPC

Fees, Appointments and Cancellations

Once your appointment is confirmed that time is reserved for you.

24 HOURS NOTICE IS REQUIRED FOR CANCELLATION.

No-shows or cancellations made with less than 24 hours advance notice will result in your card being charged the FULL FEE for your session, except in the case of unavoidable emergency.

If you need to reschedule your appointment, I will make every effort to accommodate as quickly as availability arises.

Each session will be 50 minutes. I am committed to starting and ending each session on time out of respect for you, me and those who are scheduled behind you.

FULL PAYMENT IS DUE/COLLECTED AT THE TIME OF SERVICE.

Payment is acceptable by cash, check, cc or Venmo @StephanieDowlingLPC

CREDIT CARD ON FILE

I hereby authorize Stephanie Dowling, LPC to charge the following credit card for services rendered at \$165.00 per session:

Card Type: AMEX ___ VISA ___ MC ___ Discover ___

Card Number: _____ EXP: _____ CVV: _____

Billing Address: _____ ZIP: _____

If there are any problems processing this payment, the cardholder will remedy once contacted, and prior to next scheduled session.

CARDHOLDER NAME _____

PHONE NUMBER: _____

CARDHOLDER

SIGNATURE: _____ DATE: ___/___/___

I look forward to working with you.