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INFORMED CONSENT TO TREATMENT

As my client, you have certain rights, as well as responsibilities, which are important for you to understand. This form is designed to help you make informed decisions about the services you receive. Please read it carefully and feel free to discuss any questions you have about it with me.

Psychotherapy Services

Psychotherapy can have benefits and risks. Therapy often involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness and helplessness, especially during the initial sessions. Psychotherapy has also been shown to benefit those who participate in it. In therapy, we explore difficult feelings and learn more adaptive coping strategies to better handle unpleasant situations and emotions. Therapy often helps to build better relationships, provide solutions to specific problems, and reduce feelings of distress.

Confidentiality/Privacy Practices

In general, all information between you and your therapist is confidential: no information may be shared with anyone without your written permission. There are a few exceptions when state law requires a therapist to disclose confidential information to appropriate agencies. Disclosure may be legally required when:

(1) A therapist has a reasonable suspicion of emotional abuse, physical abuse, sexual abuse, or neglect of a child, elderly person, or disabled person. In the case of suspected abuse, a therapist is legally mandated to file a report with the appropriate state agency.(2) A therapist judges that a patient presents a danger of violence to others. In this case, a therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.(3) A therapist believes that a patient is likely to harm herself or himself unless protective measures are taken. In this case, a therapist may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection. (4) Disclosure may also be required pursuant to legal proceedings, such as when a judge issues a court order requesting confidential information.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Your privacy is of the utmost importance. Every effort is made to protect the confidentiality of your treatment.

The matters discussed in this contract apply to you and any of your minor children involved in therapy or consultation with Ms Sloss. By signing this form you are indicating that you understand and agree to abide by its terms.

Appointments

Generally, appointment times for individuals are scheduled for 50 minutes. Appointments begin and end on time which means that session time is reduced if you are late arriving.

Cancellation Policy

I require a full 24 hours notice of cancellation. Full payment will be required if cancellation occurs within 24 hours before your appointment **unless** we are able to reschedule your appointment within the week at a time that is mutually acceptable

Payment

Payment is due at the end of each session. If you have insurance that reimburses for psychotherapy or you would like a receipt for your records, I will provide you with a monthly statement.

Phone Calls

I usually return phone calls within 24 hours. Phone calls of less than 15 minutes will not be billed. Phone calls beyond 15 minutes will be billed proportionally for the entire length of the conversation.

Emergency Treatment

In the event of a life threatening emergency, please call 911. If you request a session in addition to your regular session, I will do everything possible to accommodate your request. In the event that I am out of town or otherwise unavailable, I will have a qualified colleague respond to any urgent calls.

Client Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Deborah Sloss Signature _____ Date _____