Consent for Treatment

1. Informed Consent: Prior to consenting to the receipt of any healthcare services, it is encouraged from an ethical perspective for you to be generally aware of the risks and benefits entailed. Psychotherapy, including when delivered via telehealth, has many potential benefits. Broadly speaking, it has been shown to reduce emotional distress and improve overall functioning and wellbeing in several areas of life. However, you should be aware that psychotherapy can be uncomfortable at times in that you may discuss feelings and memories that are painful. You should also be aware that therapy is not a “cure all” and that desired outcomes can never be guaranteed with absolute certainty.
2. Telehealth: When preferred, or when necessary, telehealth services are offered. These can be via secure video chat or telephone. Any concerns about the safety, privacy, and/or effectiveness of telehealth should be addressed to Dr. Herzig.
3. Confidentiality: Generally speaking, your therapist should never divulge the content of your sessions without your consent. Exceptions may be made in the following cases:
4. You are considered to be at risk for unsafe behavior toward yourself or another person.
5. You disclose that a vulnerable individual (a minor; an elder; a disabled individual) might be the victim of abuse and/or neglect. This includes cases in which a pregnant woman might be engaging in unsafe behavior for a fetus, such as using drugs and/or alcohol.
6. You are a minor, in which case the therapist should discuss confidentiality guidelines and come to an understanding with you and your guardian(s).
7. You wish to receive invoices to be released to your insurance provider for reimbursement, which will contain basic but protected health information.
8. You waive, in writing, your rights to confidentiality for the purpose of your therapist being in contact about your care with another party.
9. Cancelation Policy: You must give the office a notice of at least 24 hours if you need to cancel or reschedule an appointment. Your failure to do so or to attend your appointment without notice will result in the full fee being charged. This policy is waived in the event of an emergency. Please call or email the office as soon as possible in the event that you have to cancel on short notice.
10. Credit Card Authorization: If using your credit card, you consent to have the office bill your credit card for any fees associated with treatment or missed appointments.

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Signature of client (or guardian if the client is a minor) Date