

Dr. Weissman Psychology

PO Box 1968

Agoura Hills, CA 91301

(818) 336-1041 * (805) 601-7098

DrWeissmanPsychology.com

Consent to Treatment

- 1. General Consent.** This document shall constitute an agreement between _____ ("the Client") and Ellen Weissman, Psy.D. or Dustin Weissman, Psy.D. ("the Therapist"), in which it is agreed that the Therapist will provide psychological services to the Client, including, but not limited to, assessment, diagnosis, evaluation, and treatment, and the Client will consent to receive such services. Such services will be consistent with the professional guidelines as generally established and accepted by the mental health profession and will conform to the highest possible ethical and legal standards.
- 2. Fees.** In exchange for such psychological services the Client will pay the fee of **\$300 per session (of 45-60 minutes)**. This fee will be paid at the end of every session/week/month. The Client will be responsible for all fees, whether or not a third party (i.e., a family member or insurance company) has agreed to cover some or all fees. Unpaid fees may be subject to legal action or referral to a collection agency.

If you are using insurance, you may be responsible for a co-pay. This varies from plan to plan, so please check with your provider and Therapist ahead of time.
- 3. Cancellation Policy.** In the event that the Client needs to cancel a session, the Client is required to provide the Therapist with **24 hours** prior notice. **Failure to do so will result in full charge for the session to the Client**, regardless of insurance use or private pay.
- 4. Lateness.** Lateness on the part of the Therapist will be compensated by extending the session to allow for the full allotted time (45-60 minutes). Lateness on the part of the Client will not be compensated.

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- 5. Limits of confidentiality.** All information conveyed by the Client to the Therapist is held in strict confidentiality, with the following exceptions:
- If the Client reports a serious intent to harm himself/herself;
 - If the Client reports a serious intent to harm another or destruction of property;
 - If the Client reports actual or reasonably suspected abuse to a minor (under 18), an elder (over 65), or a dependent adult (18-64 and dependent on other(s) for basic care);
 - If the Therapist is ordered to do so by a court of law.

In these cases, appropriate action must be taken pursuant to the laws of the state of California.

- 6. Court appearance.** The Client understands that a court appearance prevents Therapist from seeing other clients that day and agrees to **pay a full day (8 hours)** if Therapist is required to attend court or any other legal matter (i.e. deposition, mediation, arbitration) on behalf of or relating to the Client.

I understand and agree to the terms of this Consent to Treatment.

Client: _____ Parent if Minor: _____

(please print name)

Signature: _____

Date: _____