

Office Practices and Informed Consent for Services

I understand that the decision to seek therapy is a very important one, and I am honored that you have decided to work with me. I would like to take this opportunity to acquaint you with information relevant to treatment and office policies.

Evidence-based and best practices are used within this psychotherapy practice. You will make the most gains by playing an active role in your treatment, including working with me to outline your treatment goals and assess your progress. You will be asked to complete questionnaires and/or complete between session assignments at times to further your treatment. Your progress in therapy depends on your participation in sessions and what you do between sessions.

Cancelled/Missed/Late Appointments: A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled with less than 24 hours notice, you will be charged a late cancellation fee. If two or more sessions are missed in a row or 30% or more of your appointments are missed, you may lose your regular session time and in some circumstances, your ability to see me. If you are late to your appointment, session will still end at its scheduled time.

Telephone, Text, Email:

In order to occasionally provide/exchange psycho-educational materials or communicate with patients during non-emergency times, email or text messaging is sometimes employed for a patient’s convenience. However, you should never use this method of communication with me for any clinical (emotional, behavioral, psychiatric in any way) concern you have about yourself or your child. Any/all clinical questions or concerns should always be directed to 845-489-8700. In any psychiatric or life-threatening emergencies you should call 911 or go to your nearest emergency room. Note: I do check my voicemail frequently and generally will return your call within 24 hours or less. Non-emergency calls placed on weekends or holidays will be returned on the next workday.

- You would like to communicate with me via text messages. Y N *only apt changes via text
- You would like to be able to communicate with me via email at lacy@elizabethlacy.com. Y N
- You agree to accept mail from me at your home address. Y N
- I may call you on your home or cell phone. Y N
- I may leave a brief message with someone who answers the phone. Y N

Payment:

All payments are due at the beginning of each session. Clinical phone calls are sometimes requested by patients. Calls that are 15 minutes or more will be charged at a prorated fee. Regular fees are individual sessions are 210.00 for 45-50 minutes unless special circumstances or other arrangements have been made. Group is 80.00 for a 90 min group.

You may receive monthly billing statements for your insurance company upon request.

I have been given an opportunity to take a copy of the office HIPPA Privacy Policies which are also posted on the website. I also understand what my general rights are under HIPPA privacy as explained to me today and what exceptions there may be to these laws.

My signature below shows that I understand and agree to the above statements. I have had the opportunity to ask questions about the treatment process. If you are a minor or have a legal guardian appointed by the court, your parent or legal guardian must also sign this consent. I give consent for evaluation and treatment to be provided for myself/my child by Elizabeth Lacy, LCSW. My participation in treatment is voluntary and I may terminate treatment at any time.

Signature of Patient

Print

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date