

## CONSENT TO EVALUATION AND TREATMENT

Please read and sign this form, which constitutes your consent to evaluation and treatment by Dr. Nash. Bring it to our first session. The purpose of this document is to provide important information so that you will be able to make an informed decision. *Please be sure to read and sign the document entitled, “About My Services” as well. It gives more detailed information you should know about my practice.*

1. **Confidentiality** – All information disclosed within sessions is confidential and I do not release any information to anyone without your written permission except in the following circumstances:

- Be advised that I make a report to Child Protective Services if I have reasonable suspicion or knowledge that a child (a person under the age of 18), Abuse can be sexual, physical, financial, or emotional. If I obtain such information from a reasonably reliable third party, I am also required by law to make a report.
- I also will make a report to Adult Protective Services if I have reasonable suspicion or knowledge that an elder (someone 60 years or older) or a dependent adult (someone with a physical or mental limitation that restricts his or her ability to carry out normal activities of daily living) is the subject of neglect, abandonment, isolation, financial abuse, physical abuse, sexual assault, use of medications for punishment, use of restraints, or other treatment resulting in physical harm or pain or mental suffering. If I obtain such information from a reasonably reliable third party, I am also required by law to make a report.
- If I have reasonable cause to believe that you may be dangerous to yourself (actively suicidal) or that you are seriously threatening bodily harm to another or to the property of another, I would disclose your confidential information as necessary to take steps to protect you or the other person. This may involve seeking hospitalization for you or contacting family members or others who can help provide protection for you or the person you are threatening to harm. This may involve notifying the potential victim, that person’s family or friends, and the police and taking prudent steps to prevent harm to the potential victim.
- If you tell a friend, family member, or other person that you intend to harm someone who is identifiable and the person you told conveys this threat to me, I must take steps to try and prevent harm to the person you are threatening. This would involve informing the police and trying to contact the person you are threatening.
- Disclosure may also be required pursuant to a legal proceeding, e.g., in a civil suit, a criminal trial, a child custody proceedings, a worker’s compensation claim of psychological injury, or in situations in which you claim that your emotional condition is or was an important element. Be aware that if you waive confidentiality related to a legal proceeding, you waive it in full, and all that you have disclosed in therapy can become part of the legal record.

2. **Fee for service.** The fee/co-pay for treatment is \$\_\_\_\_\_ per 50-minute therapy session. Please pay by cash or by check at the beginning of each session unless other arrangements are made. To save time, make out your check before the session.

3 **Cancellation policy.** Your appointment time has been reserved for you. You are requested to provide as much advance notice as possible to cancel or reschedule an appointment. However, to avoid being charged for a missed appointment, simply call Dr. Nash’s voice mail at (775) 636-8636 within 24 hours of your appointment and leave a message to cancel or reschedule. If you forget your appointment or your call to cancel or reschedule is within the 24 hour period before your appointment, you will be charged the entire fee for a missed session. Therefore, if you think you are getting sick the night before your appointment, be sure to call Dr. Nash’s voice mail and cancel. **Do not use email to cancel** an appointment; call and leave a voicemail message at the office.

4. **Insurance reimbursement.** It is your responsibility to check your insurance coverage and ascertain what your mental health benefits are. Dr. Nash may not be on your insurance panel. In that case, she is an “out-of-net” provider, meaning that she does not participate in that insurance panel. You, and not your insurance company or a third party payer, are responsible for full payment of the fee, whether or not the insurance carrier provides reimbursement. If you are using insurance, Dr. Nash will provide you with an invoice on a periodic basis upon your request that you can then submit to insurance for reimbursement directly to you.

5. **Additional Charges.** Telephone conversations lasting more than 10 minutes, emails seeking advice or therapeutic assistance, reports or treatment summaries you need me to write, providing off-site services (e.g., in vivo exposure with response prevention), or performing any additional service other than in session treatment may incur additional charges. In most cases, I will discuss in advance extra fees for such services.

6. **Benefits and Risks of Therapy.** Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, and hopefully the resolution of the specific concerns that led you to seek therapy. However, sometimes therapy can be uncomfortable, especially when painful feelings arise or when unpleasant aspects of your history or your present situation come up. For therapy to “work,” you must be an active participant, both in and outside of therapy sessions. Between sessions you should think about what we discussed and what it means to you. Come to each session prepared to talk about your thoughts and feelings or other issues that may arise. Likewise, if you are asked to read something or undertake some activity related to your therapeutic goals, you should be sure to do so. There are no guarantees about what therapy will do for you. Sometimes participating in psychotherapy results in changes that you may not expect or that you did not originally have in mind.

**By signing this agreement, I acknowledge that I have read and understand the information given here and that I have been provided with a copy of this form for my records. I also affirm that I have been given the document, “About My Services,” and I agree to read and review it and ask Dr. Nash for clarifications as necessary.**

*Printed Name of Client:* \_\_\_\_\_

*Signature of Client or Guardian:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Evening Phone No. (        )* \_\_\_\_\_ *Day Phone No.:(        )* \_\_\_\_\_

*Cell Phone No. (        )* \_\_\_\_\_ *e-mail address:* \_\_\_\_\_

*Date of birth:* \_\_\_\_\_ *Age:* \_\_\_\_\_ *Today's date:* \_\_\_\_\_