

Ken Goodman, LCSW

LCS15866

CONSENT FOR TREATMENT Office Policies, Code of Ethics and Legal Regulations

I would like to welcome you to my office. As a licensed clinical social worker am governed by various laws, regulations and by the code of ethics of my profession. I want to make you aware of these laws as well as specific office policies.

Patient's Rights: Treatment is strictly voluntary. You may end treatment at any time.

Limits of Confidentiality: Therapy sessions between a psychotherapist and patient are strictly confidential except under certain legally defined situations involving threats of self-harm or harm to another, and cases of past or present child abuse, elder abuse, or abuse of dependent individuals. In case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In the case of self-harm, I am legally bound to inform the nearest significant other, or to otherwise enlist methods to prevent self-harm or suicide. In instance of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities.

Payment: I do not accept insurance. Full payment is due each session with either cash or check. I do not accept credit cards. If you have insurance I will submit a claim. There is no charge for phone calls less than 10 minutes.

Telephone Accessibility: I am available 24 hours a day seven days a week for urgent matters. If I do not return your call within 30 minutes please call again. All other calls will be returned by the next day.

Appointments and Cancellation Policy: Sessions are 45 minutes in length. If you need to cancel or reschedule an appointment, please notify me at least 24 hours in advance. This will allow me time to fill the appointment. You will be charged **\$60** for no-shows and same day cancellations, including emergencies.

Facebook: I have a Facebook page at Ken Goodman Therapy.

HIPPA: I have received a summary of the Health Insurance Portability and Accountability Act (HIPPA) describing how medical information about me may be used and disclosed, and how I can get access to this information.

I have read the above and I understand and agree to the conditions stated.

Patient's Signature: _____ Date: _____

Print Name: _____