

## **Elise Franklin Therapy**

### **Information Sheet and Consent to Treatment**

Please print your name here: \_\_\_\_\_

Welcome. I would like to give you a little more information about the counseling process, and what to expect during the counseling sessions here.

Together, you and I will focus on developing solutions to your personal and interpersonal problems, and defining action steps to help you obtain your goals. You will be involved in setting these goals and creating a treatment plan specific for your problem. If your issues are not ones I think I can help you with, or if someone else would be helpful to collaborate with us in your treatment, I will provide you with referrals to help you find that person.

**CONFIDENTIALITY.** Everything that is discussed in the sessions here will be kept in the strictest confidence. I will not disclose any information to anyone without your permission. There are a few possible exceptions to this:

1. I am bound by the State's mandatory reporting laws. This includes situations where I believe child abuse or neglect, or elder abuse may be occurring, or if you indicate a serious intent to harm yourself or someone else. In these cases, I am required by law to take the appropriate action to prevent the harm or abuse from occurring or continuing. This may include notifying State authorities or other individuals who may be in danger of harm.
2. In certain rare circumstances I could be called upon (subpoenaed) to testify about you in court. This could happen if there was reason to believe I knew of certain types of criminal activities. This is a very unlikely occurrence, but you deserve to be informed of the possibility.

**TIME OF APPOINTMENTS.** Unless we make other arrangements, appointments are scheduled to last 50 minutes. If an appointment starts late due to my running behind, we will still keep the full 50 minutes. If you arrive late for an appointment, we will have to end the meeting 50 minutes after it was scheduled to begin. The charge to you for these shortened meetings will be for the full amount.

**PHONE SESSIONS.** Sessions are available by phone when you cannot make it physically into the office. These are charged at the same rate and may be broken down into 15 minute intervals.

**EMERGENCIES.** I maintain 24 hour on-call emergency coverage. If an emergency arises, including suicidal feelings, please call me. If for any reason you are unable to contact me or feel it is not safe to wait, please call the emergency room of the nearest hospital. These emergency rooms are equipped to handle this kind of problem on a 24 hour basis. Please also leave a message for me so I will be aware of the crisis and can contact you to follow up.

**FEES AND PAYMENT.** Payment is expected at the time of each visit. Acceptable forms of payment are check, cash and credit card. A valid credit or debit card consent form is required for back-up but will not be charged unless you choose to use that form of payment. If paying by cash, please have correct change, as cash is not kept on the premises.

(OVER)

I have read the above agreement and I understand and agree to all of the points discussed above. If at any point I have questions or problems regarding my treatment here, I understand that there is a grievance procedure. This is to first try to resolve any difficulties with me. If this does not prove satisfactory, I will be happy to inform you of the next step.

Please sign: \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian if minor: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date \_\_\_\_\_