

PSYCHOTHERAPY POLICIES and CONSENT TO TREATMENT

I do hereby seek and consent to take part in treatment with Melinda Gronen, MA, LCSW. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any interventions provided by my therapist. I know that I may stop treatment with the therapist at any time.

APPOINTMENT CANCELLATION: I acknowledge that keeping of regular appointments is the most effective means of scheduling and making progress in therapy. I understand that the time scheduled for the therapy appointment is reserved exclusively for me/my child. In light of this, appointments should be kept. If for some reason there is a need to cancel an appointment, **I will call Melinda Gronen, MA, LCSW within 24 hours in advance.** I understand that I will be charged the entire cost of any missed appointments or late cancellations, unless due to emergency. If I become ill the same day of my appointment and am able to reschedule for later in the week, then I will not be charged the cost of the missed session.

PAYMENT FOR SESSIONS: I am aware that payment for each session is due at the time the session is held. The fee for the initial intake session is \$160. The fee for subsequent sessions (50-55 min) is \$180. The fee schedule is also posted in Melinda Gronen's office and will be provided separately at client request. Melinda is an in-network BCBS PPO and OPTUM/UNITED insurance provider. Melinda can also provide me with a bill for services that I can submit to my insurance company for reimbursement if Melinda Gronen is an out of network provider with my company.

CONFIDENTIALITY: My therapist will not release any information about me or my child to anyone or acknowledge that I or my child is a client without written permission. In the event that an exchange of information will help facilitate treatment, I will need to sign a Release of Information form. My therapist reserves the right to break confidentiality only in instances where my child's or my safety or someone else's safety is in serious question. The Notice of Privacy Practice explains in more detail my rights and how my therapist/health care provider may use and share health information per the Health Insurance Portability and Accountability Act.

DESCRIPTION OF SERVICES: My therapist is trained to provide psychotherapy utilizing psychoanalytically informed, Cognitive Behavioral Therapy (CBT), trauma-focused therapies, play therapy and other therapy modalities. My therapist does not provide medical services nor prescribe medication. My therapist encourages me to have a thorough medical examination before or during my course of therapy. My therapist may suggest I see my primary care physician, a psychiatrist or other consultants for assessment and possible medication treatment. I have the right to decline such recommendation.

LEGAL PROCEEDINGS: I agree to not request my therapist to appear, on my behalf, in any legal proceedings unless it was established at the first appointment that my therapist is providing treatment or assessment as part of a court or legal evaluation.

EMERGENCIES: **This practice is not equipped to handle emergency telephone calls.** Melinda Gronen, MA, LCSW will return your phone call within the business day. If I am in a life threatening emergency situation, I can choose one of the following: **go to my nearest emergency room or call 9-1-1.**

I have read, fully understand and agree with the above statements.

Signature of client/legal guardian Date

Melinda Gronen, MA, LCSW
Melinda Gronen Counseling and Consulting, LLC
10 W. Phillip Road, Suite 124
Vernon Hills, IL 60068
(847) 227-9624 phone

Signature of therapist Date