Elizabeth Gomart, LPC
Psychotherapy
Individual Couple Group

Informed Consent for Psychotherapy

A common set of expectations will make therapy more effective.

- **CONFIDENTIALITY:** What is said in my office remains strictly confidential. It is subject to HIPAA rules. Some exceptions include imminent threat to your own safety and that of others, subpoena, or public health considerations.
- Also, as a professional who seeks to provide excellent care, I participate in continuing education courses and clinical consultation. In the context of consultation, certain details of your therapy may be disclosed.

- **RISK:** If you have strong thoughts about suicide or have a plan and the intent to commit suicide or harm to someone else and are seeking support, you must call 911, and go to the nearest emergency room.

- **RECORDS:** I keep very brief records, noting session dates, payment, and some themes we discussed.

- **DIAGNOSIS:** The insurance company requires that I assign a diagnostic code. I will discuss a code with you at the time of your first invoice.

- **Session rates increase each year (on Jan. 1st)**.

- **INSURANCE:** You may use your **out-of-network mental health benefits** to obtain partial reimbursement if you qualify for these under your insurance.

- **CANCELLATION:** I maintain a SEVEN DAY cancellation policy that applies to all appointments (for individual and couple sessions only). **There are no exceptions to this policy.**. If you cancel within the 7 day window, I will try (i do not guarantee) to offer you one alternative session time the same calendar week. If that time works for you, you will be charged for one session that week. All members are responsible for payment for each scheduled group session. **There are no group session cancellations by individual members.**

- **EMAIL AND TEXT COMMUNICATION:** I will use email and text for scheduling clarifications only. **Please also text me if you are running late.** I will not read email or text content other than basic scheduling. Please bring all other content to the next session.

- **AGREEING ON TREATMENT AND ENDING THERAPY:** Once you begin therapy with me, I will let you know what treatment I recommend, including frequency. If you want to change your agreed upon therapy schedule or end therapy, please discuss this in session and plan on one session to say good-bye. Do not send an email or text announcing termination.

I, (Name of Client) _____, have read this informed consent form (page one of this two page form), had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand that I am responsible for the fee per session and I have discussed the cancellation policy. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I know I can end therapy at any time I wish.

_____

Client signature Date

I, Elizabeth Gomart, LPC have inquired to insure that the patient understands the above description.

Signed:_____ Dated:_____

Authorization to use telecommunication devices

- I, _____, authorize my therapist, Elizabeth Gomart, LPC, to contact me regarding scheduling, billing or other issue by [please check all acceptable options]
- [ ] calling this phone number _____ and to leave a message on this line;
- [ ] texting a message to this number _____.
- [} Emailing this personal email address: _____.
-

I understand that these modes of telecommunication are NOT completely confidential.

_____

Client signature Date