

Leanne N. Rodgers Psy.D.

600 East Davis Street, Suite 3E
Evanston, Illinois 60201
773-294-6881

CONSENT TO TREATMENT

I acknowledge that I have received, read and understand the "Statement of Patients Rights and Confidentiality" sheet.

I do hereby seek and consent to participate in treatment by this therapist.

I am aware that the development and review of the progress, or a Treatment Plan is in my best interest and may be required by government, funding, accrediting, or other agencies and I agree to actively participate in this process.

I am aware that the practice of psychotherapy or counseling is not an exact science and so predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures by this agency.

I am aware that I may terminate my treatment at any time without consequence, but that I will be responsible for payment for the services I have received.

I am aware that any cancellation of appointments must be made more than 24 hours in advance of the appointment and if I do not cancel or do not show up, I will be charged for that appointment. I understand that the charge for a missed appointment is \$120.00.

I am aware that an authorized agent of my insurance carrier or other third-party payer may request and be provided with information about the type(s), cost(s), date(s), and details of any services of treatment I received here, so that payment may be provided to the therapist.

I am aware that if I have not paid for services received, my treatment may be discontinued by my therapist.

I am aware that this office or therapist is not responsible for any personal property or valuables I bring into its facilities.

I certify, with my signature below, that I have read, had explained to me where necessary, fully understand, and agree with the content of this Consent to Treatment.

Signature of Client

Date

Relationship to Client (if necessary)

Witness

Date

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STATEMENT OF CLIENT RIGHTS AND CONFIDENTIALITY

1. You have the right to treatment, regardless of race, religion, sex, ethnicity, age, or handicap.
2. You have the right to determine who will provide treatment for you and you have the right to decide not to receive psychotherapy from me. If you wish, I will provide you with the name of other qualified professionals.
3. You have the right to terminate therapy if so desired. I request that you discuss your desire to terminate treatment face to face so we can process your feelings and provide closure.
4. You have the right to ask questions at any time about the therapeutic process and interventions utilized.
5. You have the right to be treated with dignity and respect.
6. You have a right to inspect and obtain a copy of your medical records. This request must be made in writing and submitted to Leanne N. Rodgers Psy.D.
7. You have the right to receive individualized treatment including a verbal discussion of treatment goals and plans.
8. You have the right to know the cost of services rendered.
9. You have the right to receive a written statement of your rights.
10. You have the right to have the information discussed within our sessions remain confidential. Generally no one will learn of our work without your specific, written permission.

There are some exceptions to this however. If you would like your insurance company to reimburse for your therapy, then you must be willing to allow information about your treatment, such as treatment goals, prognosis and diagnosis, and progress, to be shared with the insurance company and/or gatekeeper organization. In addition, there are some situations in which I am required by law to reveal some of the information you tell me, even without your permission.

These situations are as follows:

- If you seriously threaten to injure another, I must tell that person and the authorities.
 - If you are at risk to harm yourself.
 - If you reveal information pertaining to either child or elder abuse.
 - If a court subpoenas me to testify about you.
11. You have the right to be protected from physical, sexual, and other abuse.
 12. You have the right to be informed of your progress.

Client Name (print)

Date

Signature