

INFORMED CONSENT FOR TREATMENT

Instructions

Please read the following information and indicate your understanding of and agreement to by **initialing each section** on the corresponding line. If there is any part you would like to have clarified, please ask to have it explained before initialing.

Informed Consent for Treatment at Bellagio Psychotherapeutics

1 —	Therapy is voluntary. You may begin or end your therapy at any time. It is customary to express your desire to terminate therapy at least one week in advance so that we may have a final session.
2 —	Therapy is a very personal experience. How much you will benefit from it will be greatly determined by your commitment. While there are no guarantees as to the outcome of your therapy, we will discuss potential risks, benefits, and alternatives as they relate to the therapy you will receive.
3 —	Our main theoretical belief system is cognitive behavioral therapy, which uses a collaborative approach and specific goals. Emotionally-focused therapy may be used for couples. Family therapy will be approached from the systems perspective. Additional information will be provided as requested or as needed.
4 —	Unless otherwise agreed upon, therapy sessions are 50 minutes in length at the standard fee indicated on our website. <u>For self-pay clients</u> , payment is expected at end of session. A credit card on file is required of all new clients. This card may be used to charge for missed appointments. <u>EAP clients</u> continuing beyond certified sessions assume responsibility for payment. If your <u>health insurance</u> provider has contracted directly with the clinician, you are responsible for the co-pay at the time of service and for prompt payment of unmet deductibles.
5 —	PLEASE NOTE: Diagnostic classification is required for health insurance billing. Insurance employees will have access to this information, which may become a permanent part of your file with your insurance company.
6 —	Should you need to speak with your therapist between sessions or outside of regular business hours, please note that telephone conversations exceeding 5 minutes will be billed on a prorated basis.
7 —	If we agree to utilize a testing instrument to enhance the quality of your treatment, there will be an additional fee for testing materials and for the administration of the test. Fees will be discussed with you ahead of time.
8 —	Appointments must be cancelled/rescheduled 24 hours in advance. Otherwise, your credit card on file may be used to collect this charge (an exception will be made in case of medical emergency, with written proof).
9 —	A confidential voicemail is available 24 hours a day and is monitored during regular <u>business</u> hours. If you experience an immediate emergency, please call 911 or go to the nearest hospital emergency room. For non-emergencies, every effort will be made to return your call the same <u>business</u> day.

Confidentiality and Privilege

10 —	All therapy sessions are confidential. Confidentiality and privileged communication remain the rights of all therapy clients according to Georgia state law.
11 —	There are exceptions to confidentiality and privilege, which may arise from certain Georgia state legal mandates. The major exceptions are: <ul style="list-style-type: none"> • The obligation of reporting to the authorities, without your consent, any suspicion of abuse, including physical, sexual, or emotional of any child, elderly person, or dependent adult • The duty to warn the intended victim and the authorities when it appears that you, or a person known to you, intends to harm another person • The need to take appropriate steps when it appears evident that you will most probably make a suicide attempt, in order to prevent such an attempt • When disclosure is required by a valid court order
	In each of the above cases an attempt will be made to inform you that a report or disclosure will be made.
12 —	The therapist shall have discretion in deciding what to disclose to parents of children ages 12 and older about the content of their children's sessions and to facilitate any necessary disclosure in a joint session with all parties present.
13 —	Neither Dr. Mark Zuccolo nor Dr. Sonia Maxwell is available to testify or to serve as expert witness in legal cases.

I (Client) have read, understood, and agreed to the conditions stated above.

Client Name (Print)	Client Signature	Date

My Clinician is: Dr. Mark Zuccolo Dr. Sonia Maxwell