

Informed Consent

Everyone participating in therapy is entitled to **confidentiality** with certain exceptions. These include situations where a client presents a danger to him/herself, and expressed danger to others, or where the therapist suspects that abuse of a child under the age of 18, and elder over 65 or a dependent adult is occurring or has occurred.

Therapy appointments are made in advance and this reserves my time for you. If you need to cancel and have an evening (4:00 PM or later) or weekend appointment, I am asking for a 48 hour notice due to my limited evening and weekend hours. This is **so I may schedule another client in that slot. If you have an appointment during the day I require a 24 hour notice. All cancellations must be made by calling my office at (773) 665 - 2395.** I do not accept cancellations through e-mail. **If you do not give proper notice to cancel, you will be charged your full fee for the missed appointment** _____ (initials). The exception to this policy is a medical emergency or a natural disaster.

Please note that insurance providers do not cover for missed appointments.

To contact me between sessions, please call my office. In most cases your call will be returned within 24 hours Tuesday through Saturday. If you are having a life-threatening emergency please call 911.

The amount agreed upon is the sole responsibility of the client. If utilizing insurance benefits, any applicable **co-payments will be paid at the time of service.** Any amount that the insurance does not cover will be paid by the client.

Name of Client or Guardian

Signature of Client or Guardian

Date