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Informed Client Consent to Treatment

Welcome! This document's function is to highlight to you some important information to you as a client in my practice. Please read the following information, and discuss any questions that you may have with me. Once you're ready, please provide your signature at the end of this form to acknowledge your understanding, and your consent to treatment.

Consent to Treatment

Psychotherapy has both benefits and risks. Risks may include experiencing unpleasant and difficult emotions, as the process of therapy often involves addressing challenging and uncomfortable aspects of your life. Despite this, therapy has been proven to often provide benefits to those who engage in treatment. These benefits include a decrease in emotional suffering over time, increased self-awareness and insight, increased satisfaction in interpersonal relationships, an increased stress management and problem solving skills, and resolutions to an assortment of issues. However, there are no guarantees to any results of treatment. It is vital that you let me know of any concerns in regards to your response to treatment at any point.

Therapeutic services received at this practice are based on current empirically based practices in the field of mental health.

Confidentiality

The majority of the information we discuss will remain confidential, unless permission is given in writing to convey information to a third party. There are several exceptions in which I am legally required to disclose information.

These include:

- If you communicate a threat of violence towards an identified third party, and I have reason to believe that you have the intent and ability to carry out this threat.
- If I have reason to believe that you are likely to harm yourself based on your actions or words.
- If any child, elder, and/or dependent-adult is being abused by you, or by someone else.

Disclosure may also be required in some legal cases. If you are apart of any legal proceedings now or in the future, please let me know.

Adult Guardians and Minors

While privacy in treatment is essential, sharing some information with parents and/or guardians is necessary. For people aged 14-17, I request an agreement between minor and guardian allowing me to share general information about how treatment is going, information about attendance, as well as a treatment summary upon completion of therapy. All other communication will require the client's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the client of my intent to disclose information ahead of time. I prefer to discuss any shared information with parents and/or guardians with the client present, and if done over the phone, will share the content of the phone communication with the client.

Professional Consultation

There may be times that I will consult with other mental health professionals in some cases. This is done to enhance my knowledge and insight, and for treatment purposes only. I do not reveal any identifying information when discussing cases.

Appointments

Sessions are 45-50 minutes long, and begin at the set scheduled time.

If you are late, your session will be shorter, and will not be extended. If I am late, I will do my best to properly notify you, as well as extend the session to accommodate the full time.

Cancellation of a scheduled session must be done at least 24 hours in advance. You are responsible for the entire fee of the session if you cancel with less than 24 hours notice, or if you do not show for your appointment. This is an out of pocket fee, as insurance plans do not include this in their coverage.

Therapist Accessibility

If you need to reach me outside of our time together, you may do so via phone. I check, and respond to any messages within one to two business days, I am often not immediately available by phone. Phone calls will typically last 5 minutes. For content requiring longer, an in-person appointment will be scheduled.

As an individual, private practice clinician, I am unable to respond to, or address an emergency, or a crisis intervention phone call.

Psychiatric and medical emergencies are to be handled through your nearest hospital or emergency room. You may also call **911 for emergency response**, or an emergency hotline:

- **National Suicide Hotline (1-800-273-TALK)**
- **University of Michigan Psychiatric Hotline (734-996-4747)**

Termination of Treatment

Ideally, termination of treatment will be an ongoing discussion, in which we will openly discuss and plan for. Despite this, you have the right to terminate treatment at any time.

Payment

I accept Blue Cross Blue Shield, and Blue Care Network insurance plans. If you wish to use one of these plans, please call your insurance in advance to your first session in order to fully understand any co-payments or deductibles, or to receive an authorization. I will not know the details of your coverage, as every individual's plan and coverage is different.

I accept co-payment, deductible, and out of pocket payments by the end of your session, unless otherwise discussed. I will provide you with a payment receipt if requested.

I accept cash, check, credit, and PayPal payments. I charge a 3% service fee for credit, and will charge you a fee for any bounced checks.

Signing below is an acknowledgement that you have read this document in it's entirety, and understand and agree to the content of this Client Consent to Treatment.

Signature

Date

Printed Name

Signature of Witness

Date