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Informed Client Consent to Treatment

Welcome! This document's function is to highlight 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. The process of therapy often involves addressing challenging and uncomfortable aspects of your life. Despite this, therapy has been proven to frequently 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, and increased stress management and problem solving skills. Psychotherapy can offer resolutions to an assortment of issues. However, there are no guarantees to any results of treatment. It is vital that you talk to me about any concerns you have regarding 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 to confidentiality. In the following situations, I am legally required to disclose information:

- **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 I have reason to believe 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 a part of 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 have a safety concern. In the case of an immediate safety concern, I will make every effort to notify the client of my intent to disclose information ahead of time. I prefer to have the client present when I discuss information with parents and/or guardians. If done over the phone, I will share the content of the phone communication with the client.

Professional Consultation

At times I may consult with other mental health professionals on my work 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.

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 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 planned for through an ongoing and open discussion. Despite this, you have the right to terminate treatment at any time. Beginnings and endings generally co-exist. At some point, your treatment will probably end. This is a natural process and we will be discussing it time and again throughout your treatment with me. You may terminate treatment at any time, for any reason. We will decide on therapeutic goals together, and when those goals are met, it is natural to end therapy. If you choose to terminate therapy, it is often helpful to have a "wrap up" session where you may review the progress of your treatment here. If you do not show for a session and you do not

contact me within a reasonable amount of time, or I am unable to contact you, this will be considered to be termination. You could conceivably return at any time, but you would not be considered to be under my care until resigning another informed consent. Upon termination of the therapeutic relationship you still retain the privilege of confidentiality. I cannot divulge your session information to anyone without your written consent. If you terminate treatment it may be possible to return to treatment at a later time. If I need to terminate/suspend services assistance will be given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, leaves, and following termination. Therapists terminate a therapeutic relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when therapy no longer serves the needs and/or interests of the client, or when agency or institution limits do not allow provision of further therapy services. Mental health therapists may terminate a therapeutic relationship when clients do not pay fees charged or when insurance denies treatment. In such cases, appropriate referrals will be offered. During termination steps will be taken to secure a safety plan if clients are at risk of being harmed or are suicidal and if necessary appropriate resources and referrals will be made and contacted.

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 company prior to your first session in order to fully understand any co-payments, deductibles, or to obtain an authorization. I will not know the details of your coverage, as every individual's plan and coverage is different. I expect 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 and checks. I will charge a fee for any bounced checks.

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

Signature

Date

Printed Name

Signature of Witness

Date