

MARCY MEVORACH, LCSW, LASAC

Licensed Clinical Social Worker and Licensed Associate Substance Abuse Counselor

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Informed Consent for Treatment

Welcome to my practice. I would like to take this opportunity to acquaint you with information relevant to your treatment and my professional services.

My goal is to help individuals and families cope with daily life, deal with inner conflicts, which may interfere as you try to reach your goals and to successfully change those behaviors that are not working for you. You are expected to play an active role in your treatment and developing a treatment plan with a continuous assessment of your progress.

Couples and marriage counseling refers to both parties being my “client”. Each person will sign an informed consent that signifies your agreement to be my “client” as a couple. There may be a few individual sessions that will assist in our conjoint sessions and in these cases, my confidentiality entails no limits between the parties.

Therapy is not easily described in general statements. It can vary depending on the personalities of the therapist, client and the particular challenges you are experiencing. There are many different methods I may use to deal with the challenges that you hope to address. In order for therapy to be most beneficial, it calls for a very active effort on your part both during our sessions and at home.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger fear, loneliness and/or helplessness. On the other hand, therapy has also shown to have benefits to people who complete treatment. Therapy often leads to better relationships, solutions to problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. To ensure that I perform best standards of practice, I regularly participate in clinical supervision. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional or provide you with three referrals for a second opinion.

Appointments

Appointments are usually scheduled for 45 - 50 minutes per session and we can determine the intervals between sessions that best support the treatment plan. Regular attendance is one of the keys to a successful outcome in therapy. By signing this form you agree to be on time and keep appointments except for cancellations due to circumstances beyond your control or an

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emergency. Please understand that excessive rescheduling or missing appointments will result in a discharge from my services. I will provide you with three referrals and/or schedule and transition your care to a new therapist.

Contacting Me and Emergencies

I am often not immediately available but I will make every effort to return your call on the same day that I receive it, with the exception of weekends and holidays. I ask that you leave a message with your phone number and nature of your call. If you are difficult to reach, please inform me of some times when you are available. I will try to call you up to three times at which point I will wait for a return call. Since your insurance company cannot be billed for this time therefore, you will be billed in 15-minute increments at \$80.00 per hour.

If you have an emergency and I am unavailable, I request that by signing this informed consent you agree to either call your family physician, call 911, call the mental health crisis line at (602) 222-9444 or go the nearest emergency room especially if you become suicidal or homicidal.

Professional Records

Pursuant to Health Insurance Portability and Accountability Act (HIPAA), your clinical file contains two types of information, Protected Health Information (PHI) and a Designated Record Set. The Designated Record Set refers to information in your health record/file that can identify you. The PHI is your clinical record which includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, your treatment goals, your progress toward those goals, your medical, social and psychological history, your treatment history and treatment records that I receive from other providers, reports of professional consultations, your billing records, and reports that have been sent to anyone including your insurance carriers.

I keep a set of psychotherapy/progress notes. These notes are for my use and are designed to assist me in tracking your treatment and providing you with the best treatment. While progress notes vary from client to client, they can include contents of our conversations, my analysis of our conversations and how they impact on your therapy. While insurance companies can request and receive a copy of your PHI with your written authorization, they cannot receive a copy of your records and progress notes without your written permission. You may examine and/or receive a copy of your records by submitting your request in writing. If I determine that such access to the progress notes will cause psychological harm, then I can review the notes with you and provide you with a treatment summary or I can send your records directly to another mental health professional of your choice. You will be charged for the cost of photocopying your notes; time spent reviewing your records with you, or for me to write a summary. If I am unable to process your request directly, I have designated Judy Langreder, LPC to complete this request on my behalf.

Limits of Confidentiality

The U.S. Department of Health and Human Services (HHS) enforces the Federal privacy regulations commonly known as the Health Insurance Portability Accountability Act (HIPAA) Privacy Rule that requires health care providers to protect the privacy of your health information. I can only release your Protected Health Information (PHI) information about

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your treatment to others if you sign a written authorization form that meets the legal requirements imposed by (HIPAA). To be a client of mine, you will be required to read the Notice of Privacy Practices and sign your consent.

The limits of your confidentiality that do not require written authorization from you and may be disclosed under any of following conditions are listed below:

1. State law requires that I am a mandated reporter and when a danger to self or others exists, I may be obligated to report your case, seek hospitalization for the client or to contact family members or others who can provide protection.
2. If the client communicates an explicit threat of imminent harm to a clearly identified or identifiable victim, in accordance with the state law, I have an obligation to take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
3. As a mandated reporter, under state law, I am required to report all cases of physical or sexual abuse or neglect of minors, an elderly or disabled person. I will report cases to either Child Protective Services or Adult Protective Services.
4. I participate in peer consultation and supervision with other professionals about some cases. I make every effort to avoid revealing the identity of the client however; if such a disclosure is made, the consultants are also legally bound to the limits confidentiality.
5. In most legal cases, you have the right to prevent me from providing any information about your treatment unless your records are subpoenaed. Please consult an attorney to determine how litigation will impact your confidentiality.

Consent

By signing this informed consent you are acknowledging that you have read, understand and agree with all its contents. It explains treatment expectations, the procedures of my practice, your rights as my client, and that you may refuse any treatment recommendations or to withdraw this informed consent to treatment in writing. The consequences of such as a refusal or withdrawal will be reviewed with you at that time and may include your condition worsening and I may suggest that I assist you in finding another therapist of your choice.

Authorization for Treatment

I hereby give permission and consent for treatment, and billing for the services I receive.

Printed name of client

Signature of client

Date: _____

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