



## **CONSENT TO TREAT**

Child's Name \_\_\_\_\_

Welcome to White Tulip! It is our sincere intent to provide you with high quality and comprehensive multidisciplinary services for you and your family.

By signing this form you consent to receive assessment and/or treatment services at White Tulip which shall be defined to include any and all psychologists, therapists, educators, clinicians-in-training and all other related staff members and contractors. Clients and legal guardians consent to enter into the following understanding:

Your first appointment will be scheduled for parents or caregivers *only* and will essentially focus on the problem or concern that motivated you to seek a consultation. This will include a history of the problem and an assessment of the best treatment plan suited to your child's need.

Following the initial consultation meeting, a clinician will meet with you and your child for a dynamic assessment of your child's unique strengths and needs. This assessment typically occurs over a period of 3 to 4 sessions and may be conducted by one or more clinicians based on your child's needs. At the end of the assessment a parent session will be scheduled during which the results of the assessment and a plan for treatment will be discussed. This will be your opportunity to learn about the treatment model proposed for your child and discuss the overall treatment plan with a clinician or a team of clinicians. All treatment planning at White Tulip occurs based on careful consideration of your child's unique needs and an interdisciplinary team effort. Please remember that you as a parent and/or guardian are an important part of your child's team!



During the course of your child's treatment periodic team meetings will be scheduled for parents and all clinicians involved in your child's care. These team meetings will be scheduled every 3 months or more often if necessary.

Sessions are typically scheduled one to three times per week for a 45-50 minute "clinical hour." Parent meetings are typically 90 minutes long. This time is reserved only for you and it is important that you are punctual for our meetings. When a cancellation or scheduled session is unavoidable there will be no charge if 24 hours notice is given. Otherwise, there will be a full fee charged for a last minute cancelled and/or missed appointment.

We want you to know that the law, professional ethics and good clinical judgment require that whatever is discussed within your therapy sessions is not disclosed to anyone without your written permission. However, there are exceptions to confidentiality you should be aware of: 1) when you waive your privilege of confidentiality, 2) in cases of suspected child abuse, dependent adult, or elder abuse, 3) when you report a harmful act to self or others and 4) following a court order. We are obligated by law in these instances to release information, to file a child abuse report, provide safety in cases of danger to self and/or others, and notify authorities and victims of potential harm.

White Tulip is hereby authorized to communicate with the physician or practitioner who made the referral for the assessment or treatment services.

White Tulip's hourly fee schedule is attached to this document. In addition to weekly appointments, we charge the same amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Additional services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, report writing, travel time, and time spent performing any other service that you may request of any of our clinicians or staff.

Fees are due and payable at the time of services. Insurance coverage varies from 100% coverage to no coverage at all and it is *your responsibility* to verify your insurance coverage before starting treatment. We do not bill insurance companies directly. Should you wish to seek reimbursement for seeing an out-of-network provider from your insurance company, we can provide you with



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monthly statements, which you can then submit directly to your insurance company. By signing this form you agree to give us permission to speak with your insurance company for the purpose of service verification and reimbursement should such need arise.

White Tulip will make its best efforts to safeguard children and families while receiving services. However, White Tulip is not responsible for accidental injuries and assumes no liability for injuries occurring without fault or negligence of any member of the staff.

We are often not immediately available by telephone. While we are usually in the office between 9 AM and 5 PM Monday-Friday, we probably will not answer the phone when we are with a client. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are calling after our office hours, on a weekend, or during a clinician's time off, or are otherwise unable to reach your treating clinician and feel that you can't wait for us to return your call, contact your family physician, call 911 or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

By signing below, I agree to the terms and conditions outlined above and authorize White Tulip to provide assessment and treatment services to my child and/or family. I also agree to be financially responsible for those services.

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_