



CONSENT TO TREAT

Client's Name _____

Welcome to White Tulip! It is our sincere intent to provide you with high quality comprehensive psychological services.

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

Your first appointments will essentially focus on the problem or concern that motivated you to seek a consultation or treatment. This will include a history of the problem and an assessment of the best treatment modality suited to your need.

Sessions are typically scheduled one to three times per week for a 45-50 minutes "clinical hour." This time is reserved only for you and it is important that you are punctual for our meetings. When a cancellation of scheduled sessions is unavoidable there will be no charge if 24 hours notice is given. Otherwise there will be a full fee charged for 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, or 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 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. Other 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 the time spent performing any other service you may request of us.

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

White Tulip will make its best efforts to safeguard all clients 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 patient. 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 me. I also agree to be financially responsible for those services.

Client's Name _____

Signature _____ Date _____