



Health and Therapy for Women

Consent for Treatment

My Responsibilities to You as Your Provider:

I. Confidentiality

With the exception of specific exceptions described below, a client has the absolute right to the confidentiality of treatment. I cannot and will not discuss information obtained during medical or psychotherapy, without a client's prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of a client's family about a client without prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect a client's privacy even if the client has provided written permission to share information. A client may direct me to share information with whomever they choose, and a client can change their mind and revoke this permission at any time. A client may request anyone they wish to attend a session with them. A client is also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about the client. Whenever information is electronically transmitted (ie, sending bills or pharmacy orders), this will be done with special safeguards to ensure confidentiality. If a client elects to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. I discourage email as a mode of client and clinician communication as this system is vulnerable and the security is limited. The following are some of the many risks associated with emails, including, but not limited to:

- Email can be circulated, forwarded and stored in numerous paper and electronic files.
- Emails can be immediately broadcast worldwide and be received by unintended recipients.
- Email is easier to falsify than handwritten or signed documents.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email may be used to introduce viruses into computer systems.
- Email can be used as evidence in court.
- Emails are retained in the logs of your or an internet service provider.

While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email received from a client, and any responses that I send to a client, may be printed out and kept in your treatment record or EMR. Email should never be used for emergency problems. In the event of an emergency, call 911.

Legal Exceptions to the right of confidentiality. Please note, should an exception need to be enforced, I would inform a client when I think I will have to put these into effect.

1. If I have good reason to believe that a client will harm another person. If possible, I must attempt to inform such person(s) and warn them of your intentions. I must also contact the police and ask them to protect the intended victim(s).
2. If I have good reason to believe that a client is abusing or neglecting a child or vulnerable adult, or if a client provides information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe a client is in imminent danger of harming themselves, I will legally break confidentiality and call the police. Prior to implementing such an option, I will explore all other options with a client before taking this action(s). If at that point a client is unwilling to take steps to guarantee your safety, I would call the police or a crisis team.
4. If a client informs me of the behavior of another named health or mental health care provider that this person has either engaged in sexual contact with a patient, including the client or is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board. I would inform a client prior to taking this step.

II. Other Rights

Right to ask questions. A client has the right to ask questions about their health care and psychotherapy and the details of their treatment. I'm always willing to discuss how and why I've decided to make the clinical decisions I have made, and open to looking at alternatives that might work better. A client should feel free to ask me to try something they think will be helpful. A client can ask me about my training and educational practices. A client can ask me to refer them to another provider should they decide I'm not the right provider for them. A client is free to discontinue treatment at any time.

My educational credentials. Training. Includes a Doctorate degree in Clinical Psychology, with a Group Therapy Certification from Adler School of Professional Psychology (graduated 2011). I have a Master's degree in Science and Nursing from DePaul University (graduated 2001). I have an Associates Degree in Applied Science and Nursing from Triton College (graduate 1995). I have a Bachelor's degree in Arts, Sociology and Psychology (graduated 1993). I am board-certified by the American Nurses Credential Center as a Family Nurse Practitioner (2001). I hold a Full Practice Authority license as a Family Nurse Practitioner (2020). I hold licensures in the state of Illinois, as a Registered Nurse, Nurse Practitioner, Controlled Substance Nurse and a DEA licensure. I have completed additional training as a Buprenorphine Waivered Practitioner through SAMSA (Substance Abuse and Mental Health Services Administration). I have extensive experiences working with animals including: animal advocacy, animal rescue and rehabilitation, research in animal-assisted based therapies and applying animals in psychotherapy as therapeutic agents. I believe in an integrative approach to health care and psychotherapy. I focus my evaluations and treatments with clients on continuum, physical and mental integrations. I consider the use of pharmacologic interventions when the application of medications may be beneficial to a client's treatment. I work closely with collaborating physicians, psychologists, therapists and counselors to establish the best treatment options available for a client.

Termination of services. Treatment usually ends after an agreed upon termination date. If our practice has not had an appointment with a client in over one year, it will be considered that the client has terminated treatment. If a client implies violence, threatens, verbally or physically, or harasses myself, our practice, practice staff, or our families, I reserve the right to terminate a client unilaterally and immediately from treatment. If I terminate a client from treatment, I will offer clients referrals to other sources of care, but cannot guarantee that such clinicians will accept a client or provide treatment.

Availability. I am away from the practice a couple of times during the year for vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have coverage for my practice. A client will be informed of my absences and detailed messages will be left on voicemail about who to contact during these absences. I will attempt to make myself available for brief between-session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call 911.

Client responsibilities. A client is responsible for coming to scheduled appointments on time and at the time scheduled. A client is responsible for paying for appointments at the agreed upon rate, on the date of service. Our practice will check insurance benefits and provide a client with anticipated coverage and appointment and service (testing and laboratory) charges. Payment is due at the time of services. A returned check will be charged 50.00 in addition to the visit. If a client has questions about these rates, please feel free to ask. If for some reason a client incurs debt, and refuses to pay, I reserve the right to give your name and the amount due to a collection agency.

Consent to Treatment. I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and fully understand this consent. I understand the limits to confidentiality required by law. I understand the security risks involved with using email and will hold the provider harmless and not liable for improper disclosure of confidential information that is not caused by the provider's intentional misconduct. I understand my rights and responsibilities as a client, and my provider's responsibilities. I understand that the use of medication in treatment comes with risks that have been explained to me, and I will ask any questions about medications that I have prior to or during treatment. I am fully aware that I can end treatment at any time and I can refuse any treatment requests or recommendations made by Dr. Lisa M. Petrongelli.

I look forward to working with each and every client I will have the pleasure to care for. Please feel free to contact our practice with any questions or concerns.

Signature _____

Relationship to client _____

Date _____