

LIZ ANDERSON, LICSW

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CONSENT FOR TREATMENT

Client Name: _____

DOB: _____

Consent for treatment

I consent to receive mental health treatment by Liz Anderson, LICSW (the therapist). This treatment may include assessment, diagnosis, treatment planning, and ongoing psychotherapy.

Confidentiality

I understand that records and information about me are kept confidential and secure and will not be released without my explicit written permission (or the explicit written permission of the parent/guardian in the case of a minor under 18).

There are specific, legally mandated exceptions including risk of harm to children, people with disabilities, and elders, imminent physical danger to yourself or others, and medical and mental health emergencies. If you have any concerns about confidentiality, please discuss them with the therapist as they arise.

In order to provide the best treatment possible, the therapist may discuss her work with you (anonymously) in clinical consultation with other mental health providers.

The therapist has a business associate agreement with TherapyNotes, LLC, a provider of practice management software and electronic medical records. All documentation related to my care will be kept on this secure website.

Using insurance benefits

If I use insurance benefits to pay for treatment, I authorize the therapist to release information necessary to obtain authorization, payment, and administration of insurance benefits. I authorize payment from my insurance company to the therapist. I understand that I am responsible for payment of services that my insurance does not cover.

Ending treatment

Healthy termination is a step in the therapeutic process. If I would like to terminate therapy because I have met my goals for therapy or I am no longer finding it helpful, I am encouraged to discuss the ending of treatment with the therapist so that there can be a mutual, respectful ending of therapy.

Privacy practices

I acknowledge that I have received a copy of the privacy practices electronically. I understand that I may request a paper copy at any time.

Signature: _____

Date: _____

Printed Name: _____

If not signed by the client, relationship to client: _____