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Informed Consent

Therapy Process

I view the therapy process as a collaborative endeavor to address the concerns that have brought you to therapy. Because I strive to be mindful of your right to question and review any part of the therapeutic process, I welcome any questions you may have about the direction of therapy, information I may request of you, or the approach I am using.

It is also important to note that in order for therapy to be successful, commitment and effort on your part is essential. I will periodically check in with you to make sure our sessions are serving your needs. If our sessions are not helpful to you, we want to discuss the use of other service providers.

Benefits and Risk of Therapy

I hope that our work together will be a healing experience and will provide you with the necessary tools to address your presenting problem. The possible benefits of participating in therapy are:

- Healing and resolution of problems that led you to seek therapy, including past traumas, attachment injuries and family of origin issues.
- Attaining a better understanding of yourself and your relationships
- Developing skills for improving your relationships
- Healing parts of you that chronically carry burdens.
- Increase your ability to be “self-led” which will restore your life to one of reduced conflict in both your internal and external systems.

In spite of all of the benefits, it is important to note the possible risks associated with participating in therapy. These risks could include but are not limited to the following scenarios:

- Therapy may require addressing a variety of intense emotions as well as displeasing relationship patterns. At times this experience may be uncomfortable.
- Therapy can sometimes lead to individual decisions that can be disruptive for you and/or your family.
- Therapy is not an exact science; therefore there is no guarantee of positive therapeutic outcomes. Some people experience no improvements in their situation and a few might even think things are worse after treatment.

Your Appointment

Sessions are planned exclusively for you and time slots are allotted accordingly. If sessions are not canceled within 24 business hours of appointment time, you will be responsible to pay the full session fee of \$225. A pattern of cancellations, two late cancellations or two no-shows, will result in termination of therapeutic services.

Insurance

It's the patient's responsibility to know the limits of their health plan coverage for mental health. Copays are due at the time of visits. Any unpaid balances or deductibles for services rendered by Susan Kotulsky LMFT are the patient's responsibility. If, for any reason, insurance checks are made payable to the patient, it is the patient's legal responsibility to endorse checks made to Susan Kotulsky LMFT upon receipt.

PCP Consent Notice

I hereby give my consent for Susan Kotulsky LMFT to notify my primary care physician that I am in treatment.

_____ Patient Refused

Emergencies

I am unable to provide 24-hour coverage. In the case of an emergency, and in the event I am unable to return your phone call in a timely manner, please call 911, Infoline at 211, or go immediately to the nearest emergency room.

My Role as Therapist

The therapeutic alliance between client and therapist is one of the most important requirements of successful treatment and one that I value and protect greatly. Therefore, my policy is such that I do not provide recommendations to the Court in divorce or custody cases. Doing so is strictly against the code of ethics set forth by the American Association of Marriage and Family Therapists because it creates a dual relationship that puts our therapeutic relationship at risk.

The signatures below indicate that you have voluntarily agreed to enter into therapy. The information contained in this form have been discussed with you and understood by all participating members of therapy. Concerns about these items may be discussed at any point in the therapeutic process.

Please Print Full Name

Client Signature

Date

Client Signature

Date

Client Signature

Date