

Michelle S. Albert, LPC, CSOTP, PLLC
msatreatment.com
msatreatment@gmail
571-238-6762

Consent for Evaluation & Treatment

1. Consent to Evaluate & Treat

I (Patient) voluntarily agree to participate in a mental health evaluation and recommended treatment with Michelle S. Albert, LPC, CSOTP (Therapist). I understand that, as a part of the evaluation, I will be provided with information regarding the following:

- a. The benefits and risks of therapy
- b. Alternative treatment modes and services
- c. The manner in which treatment will be administered
- d. Possible consequences of not receiving treatment

The evaluation and treatment will be conducted by Michelle S. Albert, LPC, CSOTP and all services will be provided in accordance with the laws of the Commonwealth of Virginia and the ethical boundaries and guidelines of the Virginia Board of Counseling.

2. Benefits & Risks of Treatment

Evaluation and treatment may be administered with psychological interviews, assessment or testing instruments, and/or psychotherapy. Medication is not prescribed but can be discussed as an adjunct to the therapeutic process.

The therapeutic process is not a “one fits all” prescription and results will vary. Various modalities of treatment may be used during the course of treatment. The Patient will be provided with an explanation of modalities used. It is the Patient’s responsibility to ask any questions you may have and voice any concerns as they arise in an effort to receive the most effective and productive treatment. Psychotherapy patients frequently report finding the process to be emotionally exhausting and challenging. However, benefits may include greater insight into personal responses, a decrease in problematic symptoms, improved relationships, an increase in academic and/or job performance, health and wellness and an overall improvement in quality of life. The Patient is responsible for addressing specific goals with the Therapist so an individualized plan of treatment can be created.

3. Fees

Fees are based on the length and type of service provided. After the initial evaluation, most sessions are 50 minutes in length. The self-pay fee for an individual is \$175 per 50 minute session; the self-pay fee for a couples’ session lasting 50 minutes is \$225. Sliding scale options are available. Limited insurance plans are accepted; please ask whether the Therapist is a provider for the Patient’s particular plan. It is the Patient’s responsibility to obtain the co-pay amount from your insurance company and all co-pays are due at the time of service. The Patient is responsible for any fees not covered by an insurance company.

4. Cancellations

In the event the Patient is unable to attend a scheduled appointment, we request that 24 hours’ notice be provided to allow for that appointment to be utilized by another patient. In the event that you do not show up for a scheduled appointment, a \$75 fee will be assessed to your account.

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5. Confidentiality, Harm and Inquiry

Treatment records are retained in accordance with the Laws of the Commonwealth of Virginia, the ethical boundaries and guidelines of the Virginia Board of Counseling and in compliance with HIPAA. Information will be kept confidential with the following exceptions: 1. Imminent danger of harm to self or other(s); 2. Concerns about possible abuse or neglect of a child or elder adult; 3. Court order issued to obtain records. In the event a disclosure is necessary, discussion will ensue with therapist prior to and following the disclosure.

Should there be a need for the Therapist to confer or collaborate with another Provider a Release/Exchange of Information form will be required. The Patient has the right to allow information to be exchanged, for that information to be restricted, or for permission to be withdrawn.

6. Right to Withdraw Consent for Treatment

The Patient has the right to withdraw consent for treatment at any time by providing a written request to the Therapist. The Patient may request a referral to another provider for Therapy or another recommended treatment modality. The Therapist will provide a referral when appropriate and if available, or may refer Patient to their insurance company for guidance (if applicable). In the event Therapist provides a referral, Therapist is not liable for any treatment provided to Patient by another Provider.

7. Expiration of Consent

This consent to treat will expire annually or at the end of the treatment period, unless otherwise specified. ☐ Annual Expiration ☐ End of Treatment Expiration ☐ Other _____

I have read and understand the above, have had an opportunity to ask questions about this information and consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right and responsibility to ask questions of my Therapist about the above information at any time.

Patient Name

Date

Therapist: Michelle S. Albert, LPC, CSOTP