

Ann Turner, PhD, LCSW-C, CEAP
Licensed Therapist, Chevy Chase, MD
301-922-2345

Consent for Treatment

Client Name: _____ Parent/Guardian: _____

Client Address: _____

I/We agree to participate in psychotherapy with Ann Turner, PhD and give consent for clinical treatment.

Once an appointment time has been arranged, this time is reserved for you. If I receive 24 hours notice for a cancelled appointment, there will be no charge. However, if you give me less than 24 hours notice, you will be charged for the appointment. Since missed appointments and late cancellations cannot be billed to your insurance company, you will be charged the amount that the insurance normally pays for my time. And if you're paying out-of-pocket, the late cancellation and no show fee will be the same as the session fee. Please acknowledge this policy with your initials here. _____

I/We agree to pay any fee or co-pay that is required for each session at the end of the session. Subsequent appointments may not be scheduled if payment is not promptly made.

The following Information is considered private and confidential under federal HIPAA regulations. Information **WILL** be shared in the following circumstances:

- **Danger to self or others**
Police, crisis center or others will be involved to facilitate immediate assessment and hospitalization may occur
- **Suspicion of child abuse or neglect**
Information will be reported to local Child Protective Services for possible investigation
- **Court Order of records**
Compliance of court orders and legal requests will be granted
Legal counsel will be consulted prior to exchange of information
- **Minor person under age 18** (Information regarding a child may be communicated with parents or legal guardians)
- **Insurance company, Managed Care company**
Treatment plans may be required to obtain coverage by a third party payer

I/We agree to call 911 in the event of an emergency. Montgomery County Crisis Center can be reached at 240-777-4000. Please leave me a message and I will return your call as soon as possible.

Signature _____ Date _____

Ann Turner, PhD, LCSW-C, CEAP _____ Date _____

