

# Lee Blackwell, Ph.D.

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## INFORMED CONSENT FOR TREATMENT

As we begin our work together, I want to communicate clearly some guidelines which will govern us. Please discuss with me any questions or concerns you may have about these policies at any time.

**Confidentiality:** I am legally and ethically required to keep our sessions confidential. As a result, I will only release information to another professional or other interested party with your written consent, except (1) when subpoenaed in certain legal proceedings in which you give up your right to confidentiality, (2) in cases of behavior that is actually or potentially a serious danger to yourself or others, and (3) specifically, suspected child abuse, elder abuse or abuse of a dependent adult. In some cases I would be required to report to public agencies, and possibly to warn those who may be at risk. I will tell you, if possible and prudent, before I make such a report. If you are unclear about anything in this paragraph, please ask me about it as soon as possible.

**Appointments:** Time is reserved by agreement with you. If you need to cancel or change an appointment time, please give 48 hours notice. Cancellation without 48 hours notice will be charged to you at the regular fee.

**Length of sessions:** Regular sessions are 45 minutes in length. One and 1/2 sessions are one hour and 10 minutes, and double sessions are 90 minutes in length. These times include the time needed for business matters, such as making appointments and paying for the session. Group psychotherapy is usually 90 minutes.

**Fees:** The fee is for each 45-50 minute session. Payment is due at each appointment. Group psychotherapy is for 90 minutes, and payment is one month, in advance. Please make checks payable to "Lee Blackwell, Ph.D." In order to use MasterCard or Visa to pay your bill, you will need to fill out a separate form.

**Insurance:** Insurance will often cover part of the cost of psychotherapy. If you filled out the insurance page, I will provide you with a completed insurance form at the end of each month, for you to sign and send to your insurer for processing.

**Collections:** As stated above, payment for services rendered is due and payable in full at the time the service is provided. If any balance remains 30 days following the service date, I (we) agree to pay an additional charge of one and one-half per cent (1½%) per month on the unpaid balance, except where a written agreement exists to extend the payment period. In the event the services of an attorney are required to pursue and/or collect any past due sums, I (we) agree to pay reasonable attorney's fees and collection costs.

I (we) the undersigned, have read the entire statement above, have received a copy for my (our) records, understand all provisions under each heading, and agree to abide by them.

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Patient Signature

Date

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Spouse/Partner Signature

Date

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