

Dr. Debra Ruben, Ph.D., LCSW

INFORMED CONSENT FOR TREATMENT

CONFIDENTIALITY: Your verbal communication and clinical records are strictly confidential, except where: 1) the client authorizes a release of information with his/her signature; 2) the client presents a physical danger to self or others; 3) child/elder abuse/neglect is suspected. In the latter two cases, we are required by law to report this information to the proper legal authorities so that protective measures can be taken. I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to protect your identity. The consultant is also legally bound to maintain confidentiality.

FINANCIAL TERMS: Fee will be agreed upon when scheduling our first meeting and applies to a 50 minute session. At the initial consultation payment in full is due at the time of service. If we work together, you will be billed at the end of each month and payment in full is due at that time. Over time, the session fee may increase. Payment can be made by cash or personal check.

BILLING AND PAYMENT: I do not accept direct payment from insurance. However, if your health insurance carrier enables you to choose an "out-of-network" provider (typically found on PPO plans), you may be able to seek reimbursement for your treatment with me. Upon request, I am able to provide a statement for you to submit to your insurance company. There will be a \$20.00 service charge on all returned checks.

CANCELLED AND MISSED APPOINTMENTS: A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled within less than a twenty-four hours notice, you will be billed directly according to the scheduled fee. If you have an appointment on Monday, please call by Friday to cancel and reschedule your next appointment. Should you arrive late for a session, it will still end at the regularly schedule time.

CONTACTING ME AND EMERGENCY PROCEDURES: I do not provide emergency services. In an emergency situation, please call 911, contact your primary care doctor, or go to the nearest hospital emergency room. If you need to contact me, please leave a message on my confidential voicemail (415.322.9180) and your call will be returned as soon as possible. Phone consultations of 5 minutes or less will not be charged. Longer phone consultations with you will be billed at your regular session rate, prorated for the length of time, and can be paid at your next appointment unless otherwise discussed.

CONSENT TO TREATMENT: Participation in therapy can result in a number of benefits to you, including improved relationships and resolution of specific concerns. Therapy requires your active involvement, honesty, and openness. Oftentimes, this process is gradual and sometimes frustrating. During treatment, discussing unpleasant events, feelings, or thoughts may result in you experiencing strong feelings, or a change in mood. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended.

I understand and agree to all of the above information.

Client (or Parent/Guardian) Signature

Date