

Terri Abraham, MS, LPC, NCC, MAC

Informed Consent & Authorization for Services

Welcome to my practice! I look forward to working with you and hope that our work together is a time to learn, grow, and heal. Before we begin, there are a few things about my practice that you should know.

1. My intent is that our work will support your emotional, physical, mental, and spiritual growth and well-being.
2. From time to time I may ask you to do homework, such as reading or journaling. You are under no obligation to do this work, but the success of therapy depends largely on your investment in the therapy process.
3. Any information that you tell me will be kept in confidence, with the following exceptions:
 - If you indicate an intention to harm yourself or anyone else, I am obligated by law to make appropriate interventions.
 - I am obligated by law to obey all court orders and subpoenas.
 - I am obligated to report any abuse or neglect of a child or any adult who cannot take care of himself or herself.
4. Payment is due at the time of service. To ensure that we can make the most of our therapy time, please have your payment (cash or check) ready and place it in the payment box (on the desk) when you come into my office. If you are undergoing financial hardships, we can make a payment arrangement.
5. If you are coming for services through an in-network insurance plan, a claim will be submitted to your insurance company. Should your insurance company deny the claim or fail to remit payment within 90 days of billing, you accept responsibility for all fees due.
6. Phone calls exceeding 10 minutes will be charged a prorated fee and written reports and assessments will be charged at the current hourly rate.
7. When you schedule a session, I reserve that time for you. If you must cancel an appointment, please give 24 hours notice. Otherwise, you will be responsible for paying the full, regular-session fee.
8. You are free to terminate our work at any time. However, in an effort to fully integrate the therapeutic process, it may take one or more sessions to process termination. Please let me know if you are thinking of terminating so that we can terminate appropriately.
9. I hope that all my clients find our work valuable. My most successful clients generally share the following traits:
 - They understand that therapy requires work on their part.
 - They recognize that 10% of the work will be done in our sessions; the remaining work will be in applying that 10% outside therapy.
 - They are willing to be uncomfortable and to take emotional risks.
 - They take responsibility for their therapy.
10. Posted on my website, www.mindfulmessages.com, is a Privacy Notice concerning your protected health information. Please feel free to review and print this document. You also can request a copy of this document via e-mail or in writing. I will be glad to go over any questions you have regarding this document.
11. There are other therapists at work in this office; we ask that you talk in a quiet voice in our waiting room and that conversations in the hallway be kept to a minimum. Please, for their safety and in respect to others in the office, do not leave children unattended in the office, especially in the waiting area.

I have read and understand the Statement of Practice. I have been offered a copy of the HIPAA Privacy Notice. I give my permission for the therapy to be received and accept responsibility for all fees incurred.

Client signature

Date signed

Guardian signature (if patient is a minor)

Relationship

Date signed

I authorize the release of any medical or other information necessary to process claims for services.

Client signature

Date signed

Guardian signature (if patient is a minor)

Relationship

Date signed

I request payment of government benefits and/or medical benefits to M.T. Abraham, MS, LPC, NCC.

Client signature

Date signed

Guardian signature (if patient is a minor)

Relationship

Date signed