

INFORMED CONSENT
Jill Rubin, LCSW

With this contract, I, _____, give my informed consent for psychotherapy with Jill Rubin, LCSW. Ms. Rubin and I have discussed the type of services to be offered as well as the risks and benefits of the methods proposed. Alternative treatment approaches have also been discussed

I understand the psychotherapeutic relationship is confidential but that there are some legal limits upon confidentiality. Ms. Rubin and I have discussed the limits of confidentiality. Exceptions to confidentiality include cases of child neglect or abuse, elder abuse, or when there is imminent danger of suicide or homicide. If Ms. Rubin needs to breach confidentiality, all efforts will be made to notify me in advance of doing so. Other exceptions to confidentiality regarding third party payors and legal procedures have also been discussed.

The fee for each 50-minute session is \$170.00, the fee for each 60-minute session is \$200. Client is (circle one): able / unable to pay the full fee. If necessary, due to client's financial considerations, the reduced fee negotiated between Ms. Rubin and the client is \$_____. I understand that payment for Ms. Rubin's services is due at each appointment, and that I will be charged the aforementioned fee for missed sessions unless I notify Ms. Rubin at least 24 hours prior to a scheduled appointment. If a third party payor (e.g. insurance company or other entity) is involved, I will be responsible for the entire fee (not just the co-pay) for missed sessions without 24 hours notice. If a third party payor does not pay properly submitted claims, the client is responsible to pay the fees owed to Ms. Rubin.

Clients may call for phone support between sessions if needed. Phone calls longer than 10 minutes will be pro-rated and billed at Ms. Rubin's hourly rate. In case of a mental health emergency, the client should contact their local emergency services by calling 911 or their local hospital emergency room.

I understand that I can terminate treatment at any time. My signature below indicates that I understand the terms of this contract and I have had the opportunity to discuss any questions or concerns with Ms. Rubin.

Client signature or child's name

Date

Guardian signature (if client is a minor)