

Initial Evaluation of Needs

Our first few meetings will involve an evaluation of need and a mutual exploration of whether my services and approach to treatment will best meet your needs. This evaluation phase may take two or more sessions, depending on the range of issues and situation presented. By the end of the evaluation, I will be able to offer you my understanding of your needs and concerns and how I would go about offering help. I will discuss specific recommendations and review a treatment plan. In the event that I do not think my services are best suited to respond to your needs and concerns, I will do my best to recommend alternative resources.

Documentation of Informed Consent for Treatment

I understand that a therapy relationship begins with an evaluation of my needs. I understand that Eliot Singer is not obligated to accept a referral, and will be deciding whether he is the appropriate therapist for me. I will also be deciding whether or not I, and/or my child or children, wish to enter into a therapy relationship with him.

I understand that when I enter into treatment with , I am entering into his solo private practice. Although he works in the same office with other therapists, he is the only one responsible for my treatment. Record keeping and confidential clinical information is maintained separately for each therapist. I also understand that if one of my family members (spouse or child) is in treatment with one of his colleagues at Rose Hill Drive (or any other therapist), will provide an authorization for release of information for me to sign in order for both therapists to coordinate treatment if this is considered important for quality care. Coordination of care does not constitute joint responsibility for my treatment.

As a participant in my treatment, I share responsibility for the process, including goal setting and termination. I understand that, through the process of treatment, I may be working toward changes which may cause me to experience many different and intense feelings, some of which may be painful. Also, I understand that when I make change in myself, I may experience change in other areas of my life. I am aware that every change potentially has both positive and negative effects, and that an important part of treatment will be to clarify and evaluate potential effects of changes before undertaking them. I understand that no guarantees are being made as to the result of evaluation or treatment.

I understand that psychotherapy involves a large commitment of time, money and energy and therefore it is important to select a therapist carefully. I know that if I have questions about my treatment and/or Eliot Singer's policies or procedures, I can discuss them whenever they arise.

I agree to pay for all services provided by , including any charges not fully reimbursed by my insurance company. If my insurance benefits end, I agree to pay 's fee for any agreed upon further therapy sessions, and will pay in full unless we have negotiated another payment plan. I understand that I will be billed for a missed session if I have not cancelled or rescheduled 24 hours prior to the appointment time. I understand that any outstanding balance will accrue interest after 30 days at the rate of 18% annually, and I am responsible for collection costs, court costs, and attorney fees if the account is turned over to a collection agency. I hereby waive my homestead exemption.

By signing below, I agree to begin treatment with and accept full responsibility for payment for services provided. We have discussed the potential limits of confidentiality, including those imposed by Eliot Singer's office policies and by state law and I understand the policies described in the Practice Policies information provided. I accept these conditions of receiving counseling services. I understand that I can discuss these or any other concerns with any time.

Signed: _____ Date: _____