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INFORMED CONSENT AND AGREEMENT FOR PSYCHOTHERAPY

1. I place a high value on the confidentiality of the information you share with me. State law and professional ethics also require therapists to maintain confidentiality and not to release information about you without your written consent.
2. I am required by law to report any suspected child abuse or neglect. This law is designed to protect children from harm.
3. If an insurance carrier or a managed care company is paying for your treatment, you should be aware that some treatment records (not confidential progress notes) are available to them upon request and that they are likely to put your treatment information into a central computer database that could be accessed by others.
4. **If a session must be cancelled it is required that you give me two business days advanced notice in order to avoid you being billed for that time.** If you give me less than two business days notice and I am unable to reschedule another client at that time you will be billed for any appointment that you do not keep. If you have an emergency, you are ill or inclement weather prevents you from making an appointment, you will not be charged for the session. Rescheduled appointments for the same week will be offered whenever possible. Medicaid patients are not billed for missed sessions but the therapist reserves the right to discharge Medicaid patients if they miss three sessions in a year.
5. By signing this consent you are acknowledging that text messages and emails between client and therapist are not HIPPA-compliant.

Patient's Name(s) Print _____

Signature (Parent if patient is a child): _____ Date: _____