



Mary E. Senn, LCSW, ACSW
Integrative Psychotherapy
1740 Ridge Ave Suite 106
Evanston, Illinois 60201-3690
847-328-4074
marysenn@gmail.com
www.marysenn.com

INFORMED CONSENT

Welcome to my psychotherapy practice. The following information is provided to help you become acquainted with my practice policies. Please review this information and sign at the bottom. I will gladly discuss any of these items with you.

Professional Services

Effective psychotherapy requires a good match between client and therapist. Should we determine after the first few sessions that I am not the best therapist for you, I will provide a referral to a therapist that I feel may be a better match.

I am a Licensed Clinical Social Worker (LCSW) and practice psychotherapy and supportive counseling with adults. I hold a Bachelor's Degree in Psychology and a Master's Degree in Social Work and am licensed by the State of Illinois to practice therapy. I am a member of the National Association of Social Workers as well as the Academy of Certified Social Workers (ACSW).

Treatment

People begin therapy for any number of reasons. I assume you wish to make changes in some area(s) of your life and we will work together to establish mutually agreed upon goals for treatment. While my desire is to help you achieve these changes, I cannot guarantee a particular result.

There are both benefits and side effects associated with psychotherapy. Initial benefits of treatment may include a lessening of symptoms and an increased sense of well-being. During the therapeutic process you may experience intense and unwanted feelings, including sadness, anger, guilt, fear or anxiety. These feelings are often a natural part of the healing process. We will work together to find ways of using these emotions in ways that help you move toward your therapeutic goals.

Because there can be biological factors that contribute to psychological distress, I may at times ask about your diet and health. In some cases, medical assessment and intervention is helpful and/or necessary.

Appointments and Cancellations

Appointments are usually 50 minutes in length and occur once per week. Since an appointment time is reserved for you only, it is important that this appointment be kept or appropriate notice of cancellation given. To receive the full benefit of psychotherapy, it is important to attend sessions regularly. If you are unable to keep your scheduled appointment, I ask that you notify me at least 24 hours in advance. You may leave a message on my office phone or email me at marysenn@gmail.com. **Appointments not cancelled with 24 hours notice may be billed at the full session amount.**

Discontinuation of services may be initiated by either of us or by our mutual consent

Fee

My fee is \$100 per 50-minute session. Full payment is due at the time services are rendered. A sliding scale fee may be considered at my discretion. Please speak to me if your circumstances are such that this is needed.

I am a **Medicare** provider and will submit my bill directly to Medicare. Please note that you are responsible for the portion not covered by Medicare and your supplemental policy.

I am also a **Blue Cross Blue Shield** provider and will bill BC/BS for services if requested. Please be advised that depending on your plan, you may be responsible for session fees until your deductible has been met in addition to your plan's predetermined co-pay. **It is your responsibility to confirm that sessions are covered by your insurance provider.** If you have other insurance I will provide you with a billing statement that includes all the information required by most insurance carriers to file for reimbursement for an out-of-network provider. Please contact your insurance company to inquire about the extent and provisions of your policy.

Medication, Referral and Hospitalization

If medication is indicated as part of your treatment, you and I will discuss various referral options. If referral to a specialist is necessary, I will collaborate with him/her to supplement or replace our therapeutic work as needed. In some circumstances a higher level of care may be required. If this should become necessary, you and I will discuss the need for more intensive care.

Privacy and Confidentiality

I am bound by the Code of Ethics of my profession to hold in confidence all that is disclosed during your sessions with me, including the fact that you met with me. If you would like certain information to be provided to a third party, you must complete a written release of information. Legal exceptions to the general rule of confidentiality require me to release information in the following situations:

- When I have reason to believe that there is a clear and imminent threat of you harming yourself or another person. To protect you or others from harm, I am required by law to disclose information or take other actions to protect you or another person from physical harm. Protective actions may include contacting the police or seeking hospitalization for you.
- When I have reason to believe that child abuse, elder abuse or abuse of a disabled person has occurred, the State of Illinois requires that it be reported to the appropriate state agencies.
- When a court issues a legitimate subpoena and the court determines that confidentiality is not privileged.
- When you are seeking third party reimbursement for mental health services, the third party payer has the right to request information for the determination of your eligibility for payment. **Your signature on this form gives me consent to disclose dates of treatment, type of treatment and the nature of the issues being treated, including a diagnosis.**

If any of the above situations occur, I will make every effort to fully discuss it with you before taking any action.

Consultation

Consultation is a standard and ethical part of high quality mental health practice. I may periodically consult with other experienced licensed mental health professionals regarding your treatment. During consultation I share limited information and avoid revealing client identity. The consultant is also bound to keep the information confidential.

Consent for Treatment

I have read the policies stated above, and discussed my questions and concerns with the clinician. By my signature, I give permission to Mary E. Senn, LCSW, ACSW, to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards.

Client's Signature

Date