Laurie R. Powsner, MSW, LCSW

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Contact Information

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Home: _____ OK to call? Yes No OK to leave message? Yes No

Work: _____ OK to call? Yes No OK to leave message? Yes No

Cell: _____ OK to call? Yes No OK to text? Yes No

Email: _____ OK to email? Yes No

Emergency Contact Name: _____

Relationship: _____ Home: _____

Work: _____ Cell: _____

Have you ever been hospitalized for psychiatric reasons? Yes No

Have you ever experienced thoughts or plans of suicide or self-harm? Yes No

Have you ever experienced challenges related to drugs and/or alcohol? Yes No

Are there any experiences related to violence or trauma in your past? Yes No

Are you currently experiencing any thoughts of suicide or self-harm? Yes No

Consent for Treatment

- **Appointments**: Each 50 minute session is $145.00. Payment is expected at appointment.
- **Cancellations:** Please allow 24 hours notice if you decide to cancel a session so that I have time to schedule someone else in your place. Although I will take into consideration personal emergencies and extenuating circumstances, a $145 cancellation fee may be charged for appointments missed without 24 hours notice.
- **Health insurance reimbursement:** I do not participate with any health insurance carriers or bill them directly, but some health insurance carriers will reimburse you if you have out-of-network benefits. Keep in mind that most insurance companies will require a diagnosis.

- **Contact between sessions and emergencies**: I am available only for brief conversations between therapy sessions. I will make every effort to return phone calls within 24 hours. In an emergency, call 911. Calls lasting more than 10 minutes may result in a phone consultation fee, billed at a prorated $145/hour. You can email me, but please limit it to details around scheduling and not clinically sensitive information.
- **Voluntary participation:** You may choose to terminate treatment at any time.
- **Confidentiality:** With the exception of the following, I will not disclose to anyone what we discuss in session, or that you are even in counseling, without your permission.
  - If I am seeing you and your partner as a couple, information given during individual sessions may not be held in confidence from your partner. Information in individual sessions may need to be openly discussed in couples' sessions, unless otherwise specified and reasons made clear.
  - If I have reason to believe that you will harm another person, I am legally required to attempt to inform and warn that person and contact the police.
  - If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I am legally required to inform Child Protective Services or Adult Protective Services.
  - If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore other options with you before I took this step.

I have read the preceding information and understand my rights and responsibilities as a client.

_____

Client Signature Date

_____

Therapist Signature Date