

ROBIN I. ELLIS, PSY.D.

T 818.730-8491

Consent For Treatment

I, _____, authorize and request that **Robin I. Ellis, Psy.D.** provide psychological treatment and/or evaluations which now or during the course of my care are advisable. The frequency and type of treatment will be decided between Dr. Ellis and me.

I understand that there is an expectation that I will benefit from psychotherapy but that there is no guarantee that this will occur. I understand that maximum benefit will occur with consistent attendance and compliance and that at times I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

Confidentiality:

I understand that all information disclosed during sessions is confidential and may not be revealed to anyone without my written permission. I understand that written records will be maintained.

Limits of confidentiality:

I understand that confidentiality cannot be guaranteed and limited disclosure of information may occur under the following circumstances, as required by law and ethical guidelines:

1. There is a reasonable suspicion of child, elder, or dependent abuse.
2. The client is a danger to self or others.
3. By court order.

Office and Payment Policies:

The fee for the initial session is \$300.00 (90 mins) and thereafter \$200.00 per clinical hour (50 minutes), with some EMDR visits requiring 90 mins (\$300.00 per session). I understand that payment is expected at the time of service and that I am paying for time and not results. I understand that the sessions begin on time, and that arriving late will decrease my allocated time. I understand that time spent outside of session, such as telephone conferences, written letters or reports that exceed 15 minutes will be charged on a prorated basis. 24-hour notice of cancellation is required and I understand that if I fail to do so I will be charged for the session. I understand that if fees are not paid for services rendered a collection agency may be used.

By signing below I am acknowledging that I have read, understand, and agree to the above.

Client Signature: _____ Date: _____