



GROWTH OPPORTUNITY CENTER  
215/947-8654  
INFORMED CONSENT FOR TREATMENT

Welcome to the Growth Opportunity Center (GOC). This document contains important information about our professional services and business policies. Please read it carefully or ask your therapist to review it with you.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easy to describe in general statements. Therapists use many different methods and approaches, which may vary depending on the therapist and the patient's particular problems/challenges. In addition, therapists vary in terms of their training and education. Therapists at GOC are usually Psychologists (Ph.D. and PsyD), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Professional Counselors (LPC). However, GOC also uses unlicensed therapists who are working towards their license or other educational goals. Please discuss with your therapist his or her training, education, and particular therapeutic orientation. Psychotherapy calls for a very active effort on your part. In order for it to be most successful, you will have to commit to time and energy both during and after sessions and keep to your scheduled appointments. Psychotherapy can have benefits and risks. Because it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also been shown to have benefits, often leading to better relationships, solutions to specific problems, and significant reductions in distress. However, there are no guarantees of what you will experience.

Your first session(s) will involve your therapist getting to know you and evaluating your needs. Subsequently, your therapist will summarize your goals and review an initial treatment plan. You should evaluate this information and determine if you feel comfortable working with your therapist and wish to continue treatment. Your therapist may also recommend a psychiatric consultation for medication; if so, you are free to consider psychiatrists from Growth Opportunity Center or outside practitioners. If you have questions or concerns, you should discuss them whenever they arise. If you ever feel unable to discuss concerns with your therapist, you may ask to speak with the Executive Director or her/his representative.

**TREATMENT SESSIONS**

Treatment sessions are normally 45 or 50 minutes in length and may be scheduled weekly, depending on your treatment plan and your financial situation. Once an appointment is scheduled, we expect you to keep it. Our policy is to charge \$\_\_\_\_\_ for missed sessions or for sessions cancelled within 24 hours of the scheduled appointment, except in case of emergency.

**BILLING AND PAYMENTS**

**Payment for each session is due at the time it is held and it is always the patient's responsibility to know his or her insurance coverage and benefit details.** If you have insurance that covers mental health and your therapist in your insurance network, GOC will make necessary arrangements to bill your insurance company for our services (after you sign a release giving us permission). Payment will likely



## PATIENT READ AND KEEP

involve a co-payment or payment against your deductible, which your therapist will review with you. However, if your deductible or co-pay fee changes or differs, you are still responsible for paying the correct amount for any sessions conducted under that co-pay or fee. If you do not have insurance, or your therapist is not in your network, your fee for each session is \$\_\_\_\_\_. Your therapist may talk to you about charges for other professional services you may need (e.g., summary reports, extensive phone consultations). Charges for additional professional services are not usually covered by insurance.

**Payments may be made in the form of cash or check.** Although some therapists are also able to accept credit card payments, you must verify this with your therapist in advance. If a balance on your account (including no-show and cancellation fees) has not been paid for more than 60 days and arrangements for payment have not been agreed upon with your therapist and/or GOC, we have the option of using legal or other means to secure the payment. This may involve our contacting the person whom you have designated as having financial responsibility for your treatment, hiring a collection agency or going through small claims court. In most collection situations, the only information we will release regarding a patient is his/her name, the nature of services provided, and the amount due. We charge \$10 charge for a returned check; thereafter, all payments must be in the form of cash.

### CONTACTING YOUR THERAPIST

Our voicemail system is available to take your messages 24 hours/day. You may leave a non-urgent message for your therapist's voicemail at **215-947-8654 x\_\_\_\_\_**, including messages related to appointments. The office staff does not keep therapist schedules and therefore does not coordinate therapist appointments. Your therapist will make every effort to return your call within 24 hours or less, with the exception of weekends and holidays.

**In case of a clinical emergency**, you may call our answering service at **877-340-4203** to leave a message for your therapist. If you cannot wait for the return call, please call 911 or go to the nearest emergency room.

### CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and your therapist cannot share your private information with others outside of GOC without your written permission. There are a few important exceptions:

- A judge/court may order information from your therapist if they determine that the issues demand it.
- If your therapist believes that a child, elderly, or disabled person is being abused, they may be mandated to file a report with the appropriate state agency.
- If your therapist believes that a patient is threatening serious bodily harm to another, they may be mandated to take protective actions, including notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If a patient threatens harm to self, the therapist may be obligated to seek hospitalization for the patient or to contact family members who can help provide protection.



**ELECTRONIC MEDIA POLICY**

Your therapist will advise you about their individual policy regarding communicating with you via email or text messages. **However, in the case of emergency, you should contact your therapist by phone, and not by email or texts.** The confidentiality of information you decide to share over email or text cannot be fully protected or guaranteed. If you choose to accept texts or emails from your therapist- although your therapist may take precautionary steps to protect your privacy- confidentiality cannot be guaranteed. GOC strongly discourages any public connection or communication on social media outlets between you and your therapist, even if your therapeutic relationship with GOC is not revealed.

We are happy to of service to you and your family. Please inform the Executive Director at ext. 269 if you have any questions or concerns that have remained unaddressed by your therapist.