

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

_____ Client Signature (Client’s Parent/Guardian if under 18) Date

Client Appointment Policy Agreement

Dr. Kenneth Grossman and the Community Hypnosis Center are committed to providing all of our clients with affordable exceptional care. When a client cancels their appointment without giving enough notice, they prevent another client from being seen. Please call us at (800) 810-5936 at least 48 hours prior to your scheduled appointment to notify us of any changes or cancellations. If prior notification is not given, you will be charged in full for the missed appointment. In the event that you cancel a private session program you will be charged a 20% administrative processing fee. Unused prepaid private sessions expire 90 after the last completed session. Discounted multiple session programs and training courses already in progress are non-refundable.

Smoking Cessation Return Policy

18 out of 20 clients will become non-smokers on their first visit. If you should need a follow-up session, you may return within one year at no charge. However, if you make a follow-up appointment and you do not show up for your appointment, or provide less than 48-hour notice, the return privilege no longer applies and full payment will be required for your follow-up session at current rate.

PRINT NAME: _____

SIGNATURE (Parent or Guardian): _____

DATE: _____