

LifeCare Counseling Inc.

Informed Consent

THERAPIST INFORMATION

Lou Carfizzi is a licensed professional counselor (LPC) with 17 years experience in psychotherapy. Lou holds two masters degrees in professional counseling and Christian counseling from Liberty University in Lynchburg Virginia. Lou's education includes post graduate credits in psychopharmacology, substance abuse, and schema therapy. Lou has experience working in school settings, professional settings, and Christian settings. Treatment specialties include marriage and relationship therapy, victims of abuse, parenting training, and anger and substance abuse treatment.

MEETINGS

When psychotherapy is begun, I will usually schedule one **50-minute session** (one appointment hour of 50 minutes duration) per week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

PROFESSIONAL FEES

My hourly fee for individual psychotherapy is **\$100, \$120 for marriage/family/couples**. This fee may be reduced for those patients that are having a substantiated financial hardship. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding with a minimum charge of \$2000 paid in advance as a retainer.] These fees will be assessed without regard to whether or not I am under a subpoena or if requested by my patient. **I Fully Understand and Agree To The Professional Fees _____ (please initial).**

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a

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child [elderly person or disabled person] is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Printed Name(s)

Signature(s)

Date