

Treatment Consent

Form to be completed by client (or parent/guardian if client is under the age of 18)

Please initial each statement to verify understanding

FINANCIAL TERMS: Payment for services is due prior to or on the date of service. My usual and customary fees for services are as follows: Gottman Love Lab Assessment (three sessions)- 1:30 \$330.00 x 3 = \$960; Individual Assessment + EMDR Therapy 1:30 \$285; Gottman Follow-up Therapy- Extended Session 1:30 \$225.00; EMDR Extended Session 1:30 \$225.00. Individual Therapy follow-up sessions 0:50 \$125.00. If you are using your health insurance, Mr. Tucker is an out of network provider. You will need to pay Mr. Tucker for services directly and then seek reimbursement from your insurance carrier on your own. On request, Mr. Tucker will provide a superbill and invoice detailing services provided on the www.craigtuckerlcsw.com website. If a third party other than insurance will be covering payment, payment arrangements between Mr. Tucker and the third party should be made prior to your first appointment. Phone consultations 15 minutes or longer are billed at \$38.00 per 15 min. increment.

CANCELLATIONS/MISSED APPOINTMENTS: A scheduled appointment means that time is reserved only for you. You are welcome to cancel or reschedule your appointment without penalty upto 24 hours prior to your scheduled time. If an appointment is missed, canceled, or rescheduled with less than 24 hours notice you will be billed according to the scheduled fee and you will lose your recurring appointment schedule if any. Three cancellations in a row will result in the termination of your treatment for one year, your compliance in keeping appointments and active participation in the treatment process are vital.

APPEALS AND GRIEVANCES: You have the right to submit a complaint directly to Mr. Tucker at any time you have a complaint about any aspect of your care. If you are not satisfied with the response you receive, you may submit the complaint directly to the California Board of Behavioral Science. While I have taken training in the Gottman Method of couples therapy and EMDR and have become a Certified Gottman and EMDR Therapist, I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute, EMDRIA or their agents have no responsibility for the services you receive.

TREATMENT PHILOSOPHY: Treatment begins with an evaluation. You will collaborate with Mr. Tucker to clarify your problems, define goals, and create a treatment plan. Mr. Tucker uses evidence based, brief, time limited therapy focusing on specific goals. The treatment plan may include attending support groups, reading materials, written or verbal assignments, and/or a physical/psychiatric examination with your physician. Mr. Tucker can review with you what your health plan will cover. You agree to follow your treatment plan, keep appointments, and abstain from all mood altering substances (illegal or legal) that are not prescribed for your current use. An ongoing review of your progress with Mr. Tucker will result in needed treatment plan updates. Services will end when you meet treatment goals, if progress is not made, or at any time you wish or feel a need to do so. If treatment ends before meeting treatment goals Mr. Tucker will do every thing possible to refer you to an alternate source of care.

EMERGENCIES: If you are in imminent danger call 911, or your nearest police department or emergency room. Mr. Tucker is available 24 hours a day by phone in the event of emotional crises by calling his office number at (909) 389-2414 and leaving message and number at the prompt regarding the nature of your crisis. I return calls from active clients within 24 hours. In the event of a planned absence, Mr. Tucker will notify you of a backup professional for emergency contact. Most insurance carriers also provide 24 hour, 365 day a year telephonic emergency service.

CONFIDENTIALITY: Craig Tucker, LCSW is a private practitioner and other professionals at the 333 East Stuart Ave, Suite F, Redlands, CA address do not have access to confidential information about your treatment. All information between Mr. Tucker and a client is held strictly confidential unless:

- You authorize release of information with your signature (or parent/guardian)
- You present an imminent danger to others
- You present a physical danger to self
- Child or elder abuse is suspected

In the latter three cases, Mr. Tucker is required by law to inform potential victims and legal authorities so that protective measures can be taken.

COUPLES THERAPY AND CONFIDENTIALITY: Both partners must provide their consent to release couples counseling records. If one partner does not provide consent, records will not be released.

FAMILY THERAPY AND CONFIDENTIALITY: Family members may consent to release of family counseling records. All individuals who participated in the family therapy must provide their consent to release family counseling records. If one party does not provide consent, records will not be released.

CONSENT FOR TREATMENT: "I further authorize and request that Craig Tucker, LCSW, carry out psychosocial examinations, treatments, and/or diagnostic procedures which now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, it may at times be difficult and uncomfortable. Some or all of my difficulties may not be remedied by the treatment."

RELEASE OF INFORMATION TO THE HEALTH PLAN: "If I seek insurance reimbursement, I acknowledge that the release of information for claims, certification/ case management/quality improvement, and other purposes related to the benefits of my health plan. I have received a copy of Notice of Privacy Practices."

DUAL RELATIONSHIPS: "I understand that my relationship with Mr. Tucker is now and will be in the future solely a professional relationship and that we will have no shared interests or activities outside of psychotherapy services."

Client Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____