

MALAMED COUNSELING

Consent to Treatment

Confidentiality:

A copy of my HIPAA Privacy Notice is available at any time on the website or by request. A release of information form is on my website. I am legally obligated to break confidentiality in order to report alleged/suspected abuse of a child/elder/dependent or if I believe that you are a legitimate threat to yourself or another individual. Confidentiality is not guaranteed to minors, though it will be maintained to the highest possible degree.

Contact: Counseling will only be done in session. The use of email, phone, and text is limited to scheduling.

Emergencies: In case of emergency, an individual should call 911 or go directly to the emergency room.

Financial Responsibility: I do not take insurance currently.

My rates for individual sessions are \$125 for 50 minutes and \$65 for 30 minutes.

My rates for family sessions are \$150 for 50 minutes and \$75 for 30 minutes.

I accept cash, check, Venmo, Paypal, and Zelle transfers. Please make all payments at the end of each session. Checks should be made out to Lauren Malamed, LLC.

Please cancel 24 hours before your expected appointment by notifying me via text, email, or phone call/voice-mail.

Cancellations less than 24 hours before a session and no-shows will result in a full session charge. 3 cancellations or no-shows in a row will require us to talk about your expectations of treatment further before we schedule again, to see if this service is a good match for your needs and availability.

By signing below, you acknowledge and consent to treatment with the aforementioned stipulations.

Printed name of client _____

Signature: _____

Date: _____