



Consent to Treatment

The purpose of this form is to provide you with important information regarding your counseling services at Fairview Counseling of Chester County. By signing this, I hereby give consent for myself and/or my minor child to participate in counseling/psychotherapy.

Confidentiality- Your privacy is very important. What you discuss with your therapist is not disclosed to other parties. **However, there are several exceptions to confidentiality, including but not limited to: reporting child, elder or dependent adult abuse, expressed threats of violence towards an identifiable person including harm to self.** You always have the option to give your written consent for Fairview Counseling of Chester County to exchange information with others. This may include previous therapists, medical doctors, psychiatrists and school personnel.

Community Contact: Please understand that it is possible that we may come into contact out in the community. Out of respect for your privacy, staff members of Fairview Counseling of Chester County will follow the “you first” rule during these times and will not initiate any contact, but will gladly return a greeting, smile or wave if given.

Communication- In order to protect your confidentiality and adhere to best ethical practices, Fairview Counseling of Chester County has established guidelines regarding electronic and phone communications.

Email- Counseling sessions will not be conducted via email. Email will be used for administrative tasks, like scheduling appointments or providing referral information.

Phone Sessions & Texting-

At times clients need extra support between sessions. Phone calls to therapist for this purpose are permitted, however time and availability may be limited.

Text messages sent to and from the therapist are not secure or a protected form of communication. **Fairview Counseling of Chester County will not communicate sensitive information via text and will not initiate any communication via text without client’s consent.**

Social Media- In order to protect the therapeutic relationship and ensure client privacy and confidentiality, the therapist and client will not communicate via social media sites.

Financial Responsibility-

I authorize Fairview Counseling of Chester County staff to render necessary treatment. If I am using insurance, I authorize payment of medical benefits directly to Fairview Counseling of Chester County for any services rendered. **I understand that I am ultimately responsible for payment regardless of insurance company action.**

Payment and Fees- If using insurance to pay a portion of treatment, I understand that my co-payment/co-insurance is to be paid in full at the time of each session. If I am required to meet a deductible prior to my insurance company reimbursing for any part of my treatment, I understand that I must pay the required session fee at the time of each visit.

Please notify Fairview Counseling of Chester County as soon as possible if you have any changes to your insurance plan, including co-pay, co-insurance or addition of secondary insurance.

Cancellations-

If you are unable to make your appointment, please provide **24 hours notice** prior to your scheduled appointment in order to avoid the **\$75 fee** for no-show/late cancellation.

Emergencies-

Fairview Counseling of Chester County has a confidential voicemail for clients to use for general messages. Fairview Counseling of Chester County is an outpatient practice and will return your call as soon as possible. **If you call in a crisis or if you need immediate assistance, you can contact Chester County Crisis at 610-918-2100. In addition, you can go to your local hospital emergency room or call 911.** In the event of a crisis or emergency, please contact Fairview Counseling of Chester County after you have taken the proper emergency procedures.

If a client is under the age of 14 and parents are divorced, Fairview Counseling of Chester County requires a consent from each parent.

Your signature below indicates your agreement with the policies and procedures of Fairview Counseling of Chester County.

Name: _____

Date: _____

Name: _____

Date: _____

T. Danielle DiNatale, LCSW