Holly W. Schwartztol, Ph.D.

CONSENT FOR TREATMENT AND FINANCIAL RESPONSIBILITY

Please initial each paragraph:

Authorization for Treatment and Cancellation Policy

I hereby authorize treatment by Holly W. Schwartztol, Ph.D.____

I am aware that a specific time has been designated for my care and treatment. Since it is rarely possible to fill and appointment that is canceled at the last minute, I accept the responsibility of payment for the scheduled session that is canceled without a 24-hour advance notice. If I am late for my appointment, I understand that my session cannot be extended beyond the regular time______.

Financial:

I understand that my fee arrangement with Holly W. Schwartztol, Ph.D. is $175.00 for 45 minutes of psychotherapy, assessment or consultation, as well as related activity (analysis of data, preparations or reports, correspondence on my behalf, etc.) I also understand that the fee is due at the time of the appointment___________.

Release of Information:

I hereby give consent for you to report back to the professionals who referred me. This report is only for the purpose of informing them that I have followed through on treatment and to occasionally advise of progress, but does not cover the release of information that I may disclose within my treatment sessions _________.

Emergency Procedure:

I understand that voice mail messages are checked frequently and every attempt will be made to contact me. However, in the case of a clinical emergency, I will call my family physician, psychiatrist or go to the nearest emergency room and I will also leave a message on the voice mail ______.

Signed:____**Date:**___________________

Name:__________________________________**Date of Birth:**_________________**Age:**_______

Home Phone:_______________________**E-mail address:**______________________________

Address:_____________________________________**City, State, Zip:**___________________

Employer:_______________________________________**Work Phone:**_____________________

Social Security Number:_____________________________**Cellular Phone:**_____________

Referred by:____