



MARYBETH HRIM, LCSW  
900 E INDIANTOWN RD, SUITE 311  
JUPITER, FL 33477  
(561)373-1509

## INFORMATION/AUTHORIZATION, AND CONSENT TO TREATMENT

*Thank you for your decision in selecting me as your therapist. I am looking forward to assisting you through this process. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment.*

*Although providing this document is part of an ethical obligation, more importantly, it is part of my commitment to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.*

## THE THERAPY PROCESS/EVALUATION AND SCOPE OF PRACTICE

A person's experience of psychotherapy will vary based on the personalities of the client and therapist, the therapist's therapeutic approaches, and the particular problems being addressed. During the course of your therapy, I may propose many different therapeutic approaches to helping you with your presenting problems.

Therapy can affect you in many ways. You may resolve the issue(s) you came in for but it takes much effort on your part. I ask you to be open and honest throughout the process so I can better help you. From time to time we may talk about unpleasant events which may cause some discomfort and I may challenge some of your ways of thinking. You must know that while we expect change, there is *no promise* that this therapy will yield positive results. Change will sometimes be easy and quick, but more often it will be slow and even frustrating. I will likely draw upon various psychological approaches. These approaches may include behavior, cognitive-behavioral, humanistic, solution-focused or psycho-education. *I do not prescribe medications.*



**MARYBETH HRIM, LCSW**  
**900 E INDIANTOWN RD, SUITE 311**  
**JUPITER, FL 33477**  
**(561)373-1509**

## **CONFIDENTIALITY**

The confidentiality of your personal information is very important to me and I am dedicated to protecting it. As stated in my Privacy Notice, the law protects the privacy of your Protected Health Information (PHI). I use your information primarily to provide treatment to you, but I also use it for administrative uses including billing and in filing for reimbursement from your insurance company (when applicable). If I am required to submit a treatment plan to your insurance company, I will make every effort to release only the minimum amount of information requested and I will share with you the information released, per your request. However, this information may become part of the insurance company files and likely will be stored in a computer. Though insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession.

*I will keep everything you say to me completely confidential, with the following exceptions:*

(1) If you direct me to tell someone else and you sign a “Release of Information” form; (2) If you indicate that you will seriously harm yourself or someone else I am required to take action to prevent that harm from occurring. Examples of “taking action” are notifying the proper authorities, your family, or the person who is being threatened; (3) You report information to me about current abuse of a child, an elderly person, or a disabled individual; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say to me confidential. Please note: if I become involved in your legal proceedings, you and your legal team will be charged for my professional expertise and time, which is billed at a higher rate than psychotherapy sessions. Payment is required *prior* to appearance in court and prior to my releasing/compiling documentation.

Please note that in couple’s counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

In order to provide you the best therapy possible, I may consult with other licensed therapists about your case in order to get another professional opinion. However, I will never use your name, and I will always disguise your identity. The purpose for these consultations is strictly to provide you with the best possible care. If you have any questions about confidentiality, please ask.



**MARYBETH HRIM, LCSW**  
**900 E INDIANTOWN RD, SUITE 311**  
**JUPITER, FL 33477**  
**(561)373-1509**

## **COSTS OF SESSIONS AND INSURANCE INFORMATION**

I agree to provide psychotherapy for the fee of \$125.00 per initial assessment session, and \$110.00 per hour for subsequent, 50 minute session, unless otherwise negotiated by you or your insurance carrier. You (and not your insurance company) are responsible for the full payment of my fees. The fee for each session will be due at the conclusion of the session. Cash and personal checks are accepted for payment, and I will provide you with a receipt of payment. Please note that there is a \$30.00 fee for any returned checks.

## **TREATMENT PLAN**

Approximately your second visit, I will discuss with you my working and understanding of the issues, form of treatment, therapeutic objectives, and my view of the possible outcomes of your treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment process or plan, please ask and we will discuss. You also have the right to ask about other treatments for your issues and their risks and benefits. I will provide you with a written plan that we will follow throughout your treatment.

## **TELEPHONE AND EMERGENCY PROCEDURES**

If you need to contact me in between sessions, please call me at (561) 373-1509. If I do not answer, I will return your call as soon as possible. However, psychotherapy over the phone is NOT ideal. My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away contact 911 immediately, or go to your nearest emergency room.



**MARYBETH HRIM, LCSW**  
**900 E INDIANTOWN RD, SUITE 311**  
**JUPITER, FL 33477**  
**(561)373-1509**

## **APPOINTMENTS AND CANCELLATION POLICY**

Therapy sessions are generally 50 minutes long, unless we agree otherwise. Sessions begin promptly at the scheduled time. If you are late for a session, the session will still end at the scheduled time and you will be charged for the full 50-minutes. If you need to cancel or reschedule your session, you must notify me at least 24 hours in advance to avoid being charged for the session

## **PROFESSIONAL RELATIONSHIP**

With the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. Therapy never involves any dual relationships that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some areas multiple relationships are either unavoidable. I will never publicly acknowledge working with you. I will not accept you if I feel a significant dual or multiple relationships exist. It is your responsibility to advise me if any dual or multiple relationships becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

## **TERMINATION**

After the first session, I will assess if I can be of benefit to you. I will not accept clients who, in my opinion, I can not help. If that is the case, I will give you a number of referrals whom you can contact. If at any point in your therapy you are non-compliant, I will discuss termination of treatment. In such a case, I will give you a number of referrals that may be of help. And upon your request, I will provide him/her with the essential information needed. You have the right to terminate your treatment at any time.



MARYBETH HRIM, LCSW  
900 E INDIANTOWN RD, SUITE 311  
JUPITER, FL 33477  
(561)373-1509

## SOCIAL NETWORKING AND INTERNET SEARCHES

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I abide by these policies regarding technology

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I do not respond to text messages nor do I respond to email. You need to know these modes of communication are not confidential and become part of a legal document. So, with that said I do NOT use text messaging nor do I email clients.

However, if we must use these means of communication I will strictly use for brief items such as appointment confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. ***You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.***

I do NOT accept friend requests from any current or former clients on Facebook, LinkedIn or any other social networking sites. I may compromise your confidentiality.

Google: I do NOT search for clients on Google. I respect your privacy and make it a policy to allow you to share information about yourself to me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Technology is constantly changing, and there are implications to all of the above that I may not realize at this time. Please feel free to share with me, and know that I'm open to any feelings or thoughts you have about these and other means of communication.



MARYBETH HRIM, LCSW  
900 E INDIANTOWN RD, SUITE 311  
JUPITER, FL 33477  
(561)373-1509

*Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form as well as the “Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.*

\_\_\_\_\_  
**Client Name (Please Print) Date**

\_\_\_\_\_  
**Client Signature**

**If Applicable:**

\_\_\_\_\_  
**Parent’s or Legal Guardian’s Name (Please Print) Date**

\_\_\_\_\_  
**Parent’s or Legal Guardian’s Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist’s Signature Date**