

# Cathy Goldfarb, Psy.D., LCSW

## Client Information and Consent Form

### CONSENT FOR TREATMENT

I, \_\_\_\_\_, authorize and request that Cathy Goldfarb, Psy.D., LCSW provide the psychotherapy which is now or during the course of my care as a client may become advisable. I understand I have the right to withdraw from treatment at any time.

### FOR YOUR INFORMATION

In general, the number of visits you will require will depend on the problem(s) that exist and the effort you put into working on the problem(s) and following through with the recommendations made by your therapist.

### OFFICE POLICIES

#### CONFIDENTIALITY

All information disclosed within the sessions is confidential and may not be revealed to anyone without your written authorization and consent, except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child abuse, or elder adult abuse; where there is a reasonable suspicion that the client is likely to harm him/herself unless protective measures are taken; or where the client presents a danger of violence to others. Disclosure may also be compelled pursuant to legal proceeding.

#### PAYMENT FOR SERVICES

Clients are expected to pay for services when rendered. If extraordinary professional time is required in addition to regular paid sessions, you may incur additional fees.

#### CANCELLATIONS

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for sessions missed without such notification.

### THE THERAPY PROCESS

Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of specific concerns that led you to seek therapy or arose during the course of therapy. However, working towards these benefits requires effort on your part and may cause you to experience some discomfort or result in changes that you may not have originally intended.

I have read and fully understand and agree to the above terms.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date

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