

Westchester Creative Arts Therapy, PLLC
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Informed Consent to Individual Art Therapy

This form documents that I, _____, give my consent to Marie (Mika) McLane-Bowes of Westchester Creative Arts Therapy, PLLC to provide art psychotherapy treatment to me.

While I expect benefits from this treatment, I fully understand that no particular outcome can be guaranteed. I understand that I am free to discontinue treatment at any time but that it would be best to discuss with the psychotherapist any plans to end therapy before doing so.

I have fully discussed with the psychotherapist what is involved in psychotherapy and I understand and agree to the policies of scheduling, fees and missed appointments. I understand that I am financially responsible for treatment, which, if I have health insurance includes any portion of the psychotherapist's fees that are not reimbursed by my insurance. I understand that the frequency of my sessions will be _____, that I am fully responsible for payment of all deductibles and co-payments if I have health insurance, that the frequency of billing will be at the time of service, and that I am personally responsible for payment made in full for any canceled session if I do not give the psychotherapist at least 24 hours advanced notice of the cancellation (please note that insurers don't pay for canceled sessions).

Our discussion in therapy has included the psychotherapist's evaluation and diagnostic formulation of my problems, the method of treatment, goals and length of treatment, and information about record-keeping. I have been informed about and understand the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment. I understand that therapy can sometimes cause upsetting feelings to emerge, that I may feel worse temporarily before feeling better, and that I may experience distress caused by changes I may decide to make in my life as a result of therapy.

I understand that the psychotherapist cannot provide emergency service. The psychotherapist has told me whom to call if an emergency arises and the psychotherapist is unavailable. In any case, I understand that in an emergency, I may call 911 or go to the nearest emergency room.

I understand that information about psychotherapy is almost always kept confidential and not revealed to others unless I authorize such a release. There are a few exceptions as follows:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities. The psychotherapist is also mandated to report to the authorities patients who are at imminent risk of harming themselves or others. For the purpose of those authorities checking to see whether such patients are owners of firearms, and if they are, or apply to be, then limiting and possibly removing their ability to possess them.

2. If I tell the psychotherapist that I intend to harm another person, the psychotherapist must try and protect the endangered person, including by telling the police, or the person and other health care providers. Similarly, if I threaten to harm myself, or my life or health is in any immediate danger, the psychotherapist will try to protect me, including, by telling others such as my relatives or the police and other health care providers, who may be able to assist in protecting or assisting me.

3. If I am involved in certain court proceedings the psychotherapist may be required by law to reveal information about my treatment. These situations include child custody disputes, cases where a therapy patient's psychological condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings and court-related treatment.

4. If my health insurance or managed care plan will be reimbursing or paying the psychotherapist directly, they will require that I waive confidentiality and that the psychotherapist give them information about my treatment.

5. The psychotherapist may consult with other healthcare professionals about my treatment, but in doing so will not reveal my name or other information that might identify me. Further, when the psychotherapist is away or unavailable, another psychotherapist may answer calls and so will need to have some information about my treatment.

6. If an account with the psychotherapist becomes overdue and responsible parties do not work out a payment plan, the psychotherapist will have to reveal limited information about the patient's treatment in taking legal measure to be paid. This information will include my name, address, dates and types of treatment and about due.

In all of the situations described above, the psychotherapist will try to discuss the situation with me, or notify me, before any confidential information is released, and will reveal only the least amount of information that is necessary.

If I am participating in a managed care plan, I have discussed with the psychotherapist the plan's limits, if any, on the number of therapy sessions. I have discussed with the psychotherapist my options for continuation of treatment when my managed care benefits end.

I understand that I have a right to ask the psychotherapist about the psychotherapy's training and qualifications and about where to file complaints about the psychotherapist professional conduct.

Art Materials

The cost for art materials is included in the therapy fee. The client must inform the therapist of allergies or sensitivities to specific materials. Art materials may stain clothing and while every effort is made to protect against staining, it is best to wear comfortable, old clothing and/or protective smocks.

Artwork

Artwork created in art therapy sessions is generally the property of the client. In some cases it may be requested that artwork be held in the office until treatment is completed. Artwork made in session is part of the clinical record and the therapist reserves the right to take and keep photographs of the artwork. Should the request be made to show these photographs (unidentified by name) for educational purposes, or publication, a signed consent form would be submitted to you.

Appointments and Cancellations

A typical adult psychotherapy session is one hour in length and payment is due at the time of service. Checks can be made out to Westchester Creative Arts Therapy, PLLC. Clients are seen by appointment only. Appointments not cancelled **within 24 hours** in advance of the appointment, will be charged at the full rate.

By signing below, I am indicating that I have read and understood this form and that I give my consent to treatment.

Print Name: _____

Signature: _____

Date: _____

(of patient or person authorized to consent for patient)

Westchester Creative Arts Therapy, PLLC Therapist Signature: _____

Marie (Mika) McLane-Bowes, MPS, LCAT, ATR, CCLS

Date: _____