



Therapy Concierge, LLC

P.O. Box 254

Ardmore, Pa 19003

(267) 797-3149

therapyconciergellc@gmail.com

www.therapyconciergellc.com

Consent to Treatment

Counseling is a working cooperative relationship between you and your counselor. Each member of this cooperative relationship has certain responsibilities. Your counselor will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment will increase the likelihood of a satisfactory experience.

Fees and Appointments

1. Appointments are 50 minutes in length, and take place on a weekly basis or as needed. If you are unable to keep an appointment, please cancel within **24 hours** at no charge. Appointments cancelled after 24 hours will be charged **\$25.00** at the next appointment.

2. Rates for services are as follows:

Individual Session	\$90
Family Session	\$150
Couples Counseling	\$150
Concierge Counseling (Individual)	\$125
Concierge Counseling (Couples/Family)	\$185

3. We reserve the right to suspend counseling if services are rendered and not paid for after two (2) appointments. Appointments will resume upon receipt of payment.

Updated 3/2020



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4. Rates for services are predetermined, however Therapy Concierge, LLC offers a limited number of sliding fee scale sessions for those unable to afford the identified rate.
5. There is a **\$25.00** service fee for all returned checks
6. Accepted payment for services are Cash, Check, Cash App, Visa, Mastercard, Discover, and American Express. Please note there is a **\$5.00** surcharge for all credit/debit card transactions.

Confidentiality

I understand that the issues discussed during my counseling are CONFIDENTIAL meaning that information that I reveal will not be discussed or shared in any format with others without my knowledge and written consent (Excluding insurance companies, EAP, or managed care companies) without a signed Authorization to Release Information.

There are several important exceptions to this confidentiality. They include:

- You are a danger to yourself, someone else, or someone is hurting you
- Situations of suspected abuse (child, elder, spouse, etc.)
- Court cases where treatment records are subpoenaed by judge
- Insurance, EAP, or managed care companies seeking treatment information before making payment.

Counselor Availability and After Hours Emergencies

Counselors check voicemail messages during normal business hours. Messages left outside of normal Therapy Concierge, LLC hours of operation will be responded to the next day. If you have an emergency that requires immediate attention. Seek assistance at the nearest emergency room department, crisis response center, or contact 911.

If an emergency arises outside of normal business hours we are advising you to call your county crisis number, contact 911, or report to your nearest emergency room.

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Chester County	610-918-2100
Delaware County	610-352-4703
Montgomery County	610-279-6100
Philadelphia County	215-686-4420

Child Care Release

Therapy Concierge, LLC does not provide childcare and is not responsible for children or adolescents left unsupervised in the waiting room/mobile appointment. Minors must be picked up following their appointments on time. If you must leave your child in the waiting room during a session, it is your responsibility to provide appropriate supervision for that child. Children under the age of ten (10) may not be left without supervision in the waiting room.

Additional Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with your counselor. You also have the right to expect that your counselor will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you. Therapy Concierge, LLC reserves the right to discontinue counseling at any time including, but not limited to, a violation by you of this consent for treatment, a change or reevaluation by Therapy Concierge, LLC of your therapeutic needs, Therapy Concierge, LLC's ability to address those needs, or other circumstances that lead Therapy Concierge, LLC to conclude in its sole and absolute discretion that your counseling needs would be better served by another provider.

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Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission for Therapy Concierge, LLC to provide counseling services and that this contact is binding for all future sessions you may have with this entity.

Print Name:

Date:

Signature:

I, the therapist have discussed the issues above with the client (and/or representative). My observation of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Date:

Allison Gibbs, LCSW

License # CW019258-PA

----- Copy provided to client

----- Copy kept by therapist

updated 3/2020