

Ellen V. Garbuny, LSW
340 North Main Street
Suite 101
Butler, PA 16001
724-283-1593

CONSENT TO TREATMENT

I hereby consent to treatment provided by Ellen V. Garbuny, LSW.

By this consent, I agree to abide by the following:

1. I agree to give Ellen V. Garbuny, LSW written permission to seek release of information from previous providers relevant to this current treatment.
2. I agree to attend scheduled appointments at the appointed hour.
3. I agree to accept the fee decided upon before or at the first session by verbal agreement, and also to accept the negotiated method and frequency of payment.
4. If unable to attend a scheduled appointment, I agree to give at least 24 hours notice via telephone cancellation. If canceling with less than a 24 hour notice, I agree to pay a late cancel fee, which is one half the agreed upon fee for counseling. If I no-show my appointment, I agree to pay my entire fee. I understand insurance does not cover this charge and I am responsible for it. In the event of an emergency, at the discretion of the provider, Ellen V. Garbuny, LSW, I may be offered an alternative session at another time, without extra charge. * **Initial here indicating your agreement with this policy*** _____
5. If I am expecting reimbursement to the provider, Ellen V. Garbuny, LSW, through an insurance company, for services rendered by Ellen V. Garbuny, LSW, I agree to provide accurate and current information and requisite preauthorization regarding my right to claim such insurance reimbursement. If claims are denied because of ineligibility, because of lapsed coverage or because primary coverage is via another provider, I agree to be liable for services rendered, or to provide access to the primary provider.
6. If insurance reimbursements are made directly to me, rather than the provider, Ellen V. Garbuny, LSW, I agree to sign over the reimbursement checks to Ellen V. Garbuny, LSW.
7. I accept the need for Ellen V. Garbuny, LSW to breach my confidentiality only for the purposes of professional consultation, or where I may be a danger to others, especially children in my care.

Signature of client or his/her personal representative

Date

Witness Signature

Date

Client or his/her personal representative copy _____

Provider copy _____