Jozeffa Ann Greer, LMFT
Licensed Marriage Family Therapist
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CONSENT TO TREATMENT

This form is to document that I, _____ , give my permission and consent to Jozeffa Ann Greer, MFT, to provide psychotherapy for me.

I understand that sessions with the therapist will almost always be confidential. I further understand that the therapist, by law must report suspected child or dependent or elder adult abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone I may threaten with violence, harmful or dangerous actions, or a child who may be the victim of a crime, and may break confidentiality under such circumstances. In addition, a Court order or subpoena may require the breaking of the privilege. Finally, I am aware that the therapist may share information with colleagues if I am suicidal or threatening to harm myself or for case consultation or coverage purposes. I understand the therapist will make efforts to discuss these situations with me.

I further understand that though the intent of psychotherapy is to help a person, there is also a risk that it may lead to a worsening of symptoms, i.e., increased anxiety or depression.

I have read and understand the INFORMATION FOR CLIENTS and have had the opportunity to discuss all aspects fully with the therapist and to ask any questions that I have needed.

I understand that I am fully financially responsible for all the services required by the psychotherapy regardless of whether payment is reimbursed by my health insurance or other coverage, and I agree to make payment as set forth. I further understand that if I fail to make payment in a timely manner, my therapist may turn over the claim to a Collection Agency in order to receive payment.

_____ _____

Client Date

FOR CLIENTS WITH INSURANCE

I give permission to Jozeffa Ann Greer, MFT, to both bill my insurance and to give them her diagnostic impression, which is almost always required. In some cases, i.e., Victim Witness, insurance company, or Employee Assistance Program will also require a treatment plan in order to pay for or continue treatment. I give her permission to submit any and all of these as required. I also know that I can ask her what diagnosis or treatment plan she plans to submit and to discuss this if I feel the need.

_____ _____

Client Date