

Jozeffa Ann Greer, LMFT

Marriage Family Therapist
License Number MFC25522

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CONSENT FOR TREATMENT

This form is to document that I, _____, give my permission and consent to Jozeffa Ann Greer, LMFT, 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 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 as 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 In the case that my insurance can help me pay for therapy, Jozeffa Greer, LMFT, in almost all cases, will give me a superbill including her diagnostic impression if required, which I can submit to my insurance company. She will discuss this process with me prior to giving me the superbill. In rare situations, she may submit these bills for me. If that is the case, I give her permission to submit any and all needed documents as required.

Client

Date