

Marita McLaughlin, LCPC
Integrative Psychotherapy
847-542-4214

Consent Agreements

Financial Responsibility:

____I agree that I am responsible for the fees to my therapist, Marita McLaughlin, LCPC, including any fees not paid by medical insurance. I agree to pay on the date of the session. I understand that I am responsible for paying in full for appointments cancelled with less than 24 hours notice, and that insurance will not reimburse for any portion of such cancellations.

Therapeutic Alliance:

____I have been informed of my therapist's private practice procedures and policies. My questions or concerns regarding them have been addressed. I understand the extent of and limitations on confidentiality and privacy that exist between myself and my therapist, Marita McLaughlin, LCPC.

Client Rights and Responsibilities:

____I have been informed of my client rights and responsibilities, including information on my Illinois HIPAA rights. All of my questions or concerns regarding this have been addressed. I understand that I am consenting to treatment with my therapist, Marita McLaughlin, LCPC, that my pursuit of such services is voluntary, and that I may terminate these services at any time.

Health Insurance Information and Precertification:

____I have provided all current and necessary health insurance information and I am aware that it is my responsibility to keep all health insurance information up to date. I am aware that if I do not do so, the necessary precertification may not be obtained, which could interfere with insurance coverage for services provided. I understand that I am responsible for payment of any sessions that the insurance company does not cover.

Release of Information Authorization:

____I have had the opportunity to authorize (or decline to authorize) communication between my therapist, Marita McLaughlin, LCPC, and all other professionals involved in my healthcare, i.e., my primary care physician and other mental health care providers (if applicable), and any emergency contacts.

Client Signature

Date

Provider Signature

Date