

Milena Lukic, MS, LMFT

Licensed Marriage and Family Therapist #100492

Phone: 747.221.4411

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Consent to Treatment and Terms of Payment

Please read and sign at the end stating you have fully read and understand the information below

The therapeutic process therapy is a learning process in which you come to better understand yourself and your relationships so that you may become more resilient and empowered to successfully handle the situations that brought you here. Your participation is completely voluntary.

Client/Therapist Relationship. You and your Therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect.

Risks and Benefits. Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The purpose of psychotherapy is healing, and change. While the intent is not to cause discomfort, discomfort is likely to precede / accompany healing and change.

Appointments. Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. Sessions can be scheduled up to twice weekly (usually as a temporary measure), and this can be discussed with therapist as appropriate/ necessary.

Fees and Outstanding Balances

We agree to meet for 50 minutes for an agreed upon fee of \$_____, payable at the end of each session. EMDR sessions are \$ _____, and they are 75-90 minutes long. I accept cash, check, or credit card. Returned checks will be assessed a \$15 service fee. If your insurance is applicable, I will be happy to provide you with a statement so that you can submit it to your insurance company. Reimbursement is between you and your insurance company. If you fail to arrange for payment of an outstanding balance, accounts may be sent to a professional billing company. If you are unresponsive, the billing company may forward to collections. A sliding scale fee is available, as determined by therapist and client.

Missed Sessions. If you will not be able to attend a session, please notify me at least 24 hours in advance. If you do not notify me, you will be charged a \$70 no-show or late cancellation fee.

Additional Services. Additional services are billed as follows:

- Letters to third parties: start at \$75 (based on time required to prepare)

Emergencies. As an independent practitioner, I am unable to personally provide continuous 24hour crisis services. For all life threatening emergencies, you should always call **911** immediately. For other crisis situations, you may call me (**747.221.4411**) and I will return your call as soon as possible (usually within 24 hours).

Crisis Contact Information. In case of a medical or psychiatric emergency during session, I will contact the person you specify below and hereby release me to speak to in such circumstances:

Name: _____

Phone: _____ Relation to you: _____

Confidentiality. Milena Lukic follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your counseling. **Discussions between a Therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law.** Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation including, but not limited to, downloading, streaming and accessing any images in which a minor is depicted in sexual imagery in digital media; situations where the Therapist has a duty to disclose, or where, in the Therapist's judgment, it is necessary to warn or disclose; fee disputes between the Therapist and the client; a negligence suit brought by the client against the Therapist; or the filing of a complaint with the licensing or certifying board.

If someone is in physical danger from you, I am required by law to notify that person and the applicable police agency. If you threaten suicide I will take whatever action is appropriate and necessary under the circumstances to ensure your safety, including the notification of others.

If you have any questions regarding confidentiality, you should bring them to the attention of the Therapist when you and the Therapist discuss this matter further.

I maintain electronic medical records of our meetings that contain your treatment plan and weekly summary of treatment progress, taking reasonable steps to secure your records. These records are for my use in providing treatment, and may not be released without your signature unless there is a valid subpoena or otherwise mandated by law.

Termination and Referral. You have the right to terminate services at any time. I am happy to discuss any concerns you have and will help you locate alternative services if desired. If for any reason, I feel that I am not able to help you make significant progress or that I do not have the expertise to best assist you, I will refer you to a person or program that possibly can.

Consent to Treatment. By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time

Signature of Client/Patient

Date

Signature of Spouse/Partner/Parent

Date

Signature of Therapist

Date