

Sandra K. Pinches, PhD  
Consent to Evaluate and Treat

This form provides information about my practice and about the terms of our business relationship, so that you can make an informed decision about undergoing evaluation or entering treatment by me. During the course of the COVID-19 epidemic I will be conducting evaluations and psychotherapy via electronic media exclusively, so when you sign this form you are giving me your consent to work remotely with you or your minor child.

Psychotherapy has been shown by research to help people reduce psychological symptoms, alleviate emotional distress, and change behaviors in desired directions. Most people report receiving significant benefits from participating in psychotherapy, with the amount of effectiveness varying across individuals. Some people do not report positive changes and a small percentage report getting worse despite or even because of treatment. I make every effort to provide all my clients with optimal care, and most report satisfactory results from treatment, but for the above reasons I am unable to guarantee any particular outcome.

My appointments are 50 minutes in length and I generally start within five minutes of our planned starting time. If I am delayed past the time of our appointment I will make up the time at the end. If you are late for an appointment we will end at the stop time originally planned. If you need to reschedule I request 48 hours' notice. If you cancel or miss an appointment with less than 48 hours' notice you may be charged the full appointment fee. If you were unable to give 48 hours' notice because of sudden onset of an illness or other emergency, please let me know as soon as possible. I forgive fees for some circumstances, subject to my discretion in all cases.

The fee for initial evaluation appointments is \$220 per session, and the fee for subsequent 50 minute sessions is \$160. (There may be provider discounts that reduce these amounts, based on my contracts with insurance companies or on agreements negotiated between you and me). I can accept payment by most credit cards, by check and by PayPal. If you are using insurance to cover part or all of my fees, I will bill the insurer once monthly then bill you for the balance due. You will receive a monthly statement from my billing service showing what actions have been taken on your account, and what you owe me.

With your signature below, you are giving me consent to evaluate and treat you or your minor child.

Name of client (Please print): \_\_\_\_\_

Your name, (if different from client): \_\_\_\_\_

Your relationship to the client is: \_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Legal guardian

Your signature \_\_\_\_\_ Date signed \_\_\_\_\_

Your signature below indicates that you accept responsibility for paying the total of any fees not covered by insurance and not discounted by provider agreements.

Your signature \_\_\_\_\_ Date signed \_\_\_\_\_