Paulo Lazaro, LCSW, CBT, EMDR		
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CONSENT FOR TREATMENT/SERVICE AGREEMENT/HIPAA RECEIPT

Please review the following statements and information about our services, sign and date at the bottom of the page.

1) Consent for Treatment

I, _____, have voluntarily chosen to seek psychotherapy services from Paulo Lazaro, LCSW, CBT for myself. I acknowledge that the evaluation and treatment received from Paulo Lazaro, LCSW, CBT is advised and deemed necessary by his clinical judgement. I understand that these services can be terminated at any time by either party.

2) Fees

Fees depend on the length and format of each session (evaluations, individual sessions, couples sessions, EMDR, etc). The fee you will be charged will be the agreed fee with Paulo Lazaro, LCSW, CBT, EMDR.

3) Sessions

Each session is 50 (fifty) minutes long, unless previously discussed with your therapist. Your session will begin, in most cases, on the scheduled time to ten minutes later. If you arrive later than the scheduled time, the session will still end at the regularly scheduled time so that the next client will be seen on time. We **do not** call clients to remind them of their appointments.

4) Confidentiality

The therapist will not release information regarding clients' cases without their written consent. Limits on confidentiality are: Case discussion in supervision (individual, group, or peer supervision); if there is a reason for the therapist to believe the client intends to harm himself/herself or someone else; if a minor or an elderly person is being abused; if I or the psychotherapist agree to submit claims for these services to an insurance company for reimbursement, and that company requests information about the services and diagnosis or if disclosure is properly required by a court order.

5) Electronic communication

Electronic communication is subject to being hacked. Please indicate below if you authorize the therapist to use electronic means of communication with you (phone, including recorded messages, emails, text messages, Whatsapp, Skype, Facetime, Zoom, Google Duo or other communication platforms).

( ) I authorize ( ) I do not authorize

6) Cancellation

We charge for canceled appointments, unless the client calls more than 24 hours in advance (calls related to sessions set up for Monday must be received until Friday). If the therapist needs to cancel a session, he will call you at least 24 hours in advance of the agreed appointment and will do his best to make another appointment within the next three business days.

7) Techniques

Multiple psychotherapy techniques may be used during treatment, including Bioenergetic ones. Bioenergetic is a mind-body oriented model of psychotherapy which may involve physical touch of non-sexual nature. Clients are free to object the use of such techniques at any point during treatment.

8) Insurance and Unpaid Sessions

If an insurance company is involved in the payment for the services we are providing, the client will still be held responsible for the payment of the full fee until the payment is received from the insurance company.

After 30 (thirty) days, any unpaid amount will be collected through a collection company.

9) Acknowledgement of receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the “Notice of Privacy Practices.” This notice describes how my health information may be used and disclosed, and my rights in these regards.

I have read, understood and agreed with all of the above. While there is no time limit to this consent, I am aware that I can revoke it at any time.

Signature/Date: _____