

Informed Consent for Weight Loss Evaluations

The following information is provided to acquaint you with the policies and procedures of my practice and to better assist you in your efforts towards personal growth.

(INITIALS)

I. Your Rights as a Client

- 1. You have the right to ask questions about any procedures used during the evaluation.
- 2. You have the right to decide at any time to not receive therapy from Deborah Scimeca-Diaz. If you wish, she will provide you with the names of other qualified professionals who services you might prefer.
- 3. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

(INITIALS)

II. Confidentiality

- 1. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission.
- 2. If clients enter into family therapy or couples therapy (relational therapy), confidentiality will be kept within the family. The relationship unit is considered the client. Deborah Scimeca-Diaz is unable to keep secrets that may be harmful to the relationship. If someone wants her to keep a secret that can be harmful, treatment may be terminated. If someone needs to work through something prior to sharing the information, she will help the client move to a place where this can be shared. If the person cannot share the information, termination may be necessary and a referral may be provided. During the course of our work together, a smaller portion of the relational unit may be seen for one or more sessions. These sessions should be seen as part of the work we are doing together. If you as an individual are involved in any such sessions, please understand that any information that is disclosed in these sessions may need to be shared with the entire relational unit.
- 3. There are certain situations where Deborah Scimeca-Diaz is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:
 - a. If you threaten bodily harm or death to another person, or yourself or you reveal information related to the abuse or neglect of a child, dependent adult or elderly person Deborah Scimeca-Diaz is required by law to inform the intended victim and appropriate law enforcement agencies and/or authorities.

Authorization to Release Information

I hereby give Deborah Scimeca-Diaz permission to disclose the results of my evaluations to the office of Earl Noyan, MD, LLC and Val Prokurat, MD; Surgical Associates of Mercer & Monmouth LLC.

Please print your name and sign below to authorize the release of information:

Name: _____ Signature: _____ Date: _____

Witness: _____

This release will expire within 60 days of the evaluation

(INITIALS)

IV. **Therapy Services and Fees**

1. Fees are based on the amount of scheduled time with the therapist. Individual sessions are typically 45 minutes and couple/family sessions are typically 60 minutes. *If sessions go beyond the scheduled time, I agree to pay the amount listed below.*

45 minute session	\$135
60 minute session	\$160
75 minute session	\$210
90 minute session	\$260
100 to 120 minute session	\$300

Weight loss surgery evaluations are a one time fee of \$150. The fee may be paid by check or cash. If paying by check, please make check payable to Deborah Scimeca-Diaz, LLC.

2. Payment in full is due at the time of the visit and balances cannot be carried over to the next session.
3. Receipts will be provided after every 4 sessions and can be submitted to insurance companies for reimbursement. If you need a receipt before 4 sessions, please let me know and I will provide this to you as you requested.
4. 24-hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this is solely my responsibility and I will not be able to submit this fee to my insurance company for reimbursement.
5. I understand the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
6. Deborah Scimeca-Diaz can be reached at (609) 915-9387 at any time to leave a message. Messages will be checked daily and returned as soon as possible. If you are in need of immediate care or there is an emergency call Mercer County Contact @ (609) 896-2120 or go to your local emergency room.
7. If information is to be released to a third party each member who participated in treatment will be required to consent to and sign a release of information.
8. Clients participating in couples/marriage therapy agree they will not seek to subpoena material for litigation against each other at any time

Client address: _____
(Please include your full mailing address)

Available numbers where you can be reached: _____

Print Name: _____ Signature: _____ Date: _____

Therapist Signature: _____ Date: _____