

CATAWBA COUNSELING ASSOCIATES, PLLC

Victoria V. Grantham, M.S.W.

523 Kiesler Dr., Suite 103
Cary, NC 27518
704-829-2005
704-829-2006 (f)

Consent for Utilization of Psychiatric Services

I hereby voluntarily consent to utilizing the services provided by Catawba Counseling Associates, PLLC. Services include: assessment, consultation, individual and marital therapy.

I am aware that your therapist is licensed by the State of North Carolina in good standing. Licensure indicates your therapist has completed a Master's degree program, 2 years of supervised work successfully and maintains a minimum of 40 hours of continuing education every 2 years.

As a patient utilizing the services of a therapist, I understand that I have the right to ask any questions I may have about the process, methods, duration and goals of treatment; the right to discuss any concerns I may have about my progress in treatment; and the right to terminate treatment if I feel I am not making progress.

I understand that one of my important rights involves confidentiality. Within certain limits, information revealed by me during treatment will be kept strictly confidential and will not be revealed to any other person or agency without my written permission. I understand that there are certain limits to confidentiality in which it is required by law and/or professional ethics that any therapist reveal information obtained during treatment to other persons or agencies without permission.

These limits to confidentiality are as follow:

- a) If a patient threatens grave bodily harm or death to another person, a therapist may be required to inform appropriate legal authorities and the intended victim;
- b) If a patient expresses a serious intent to grievously harm him/herself, it may be necessary for the therapist to reveal information to family members and/or persons authorized to respond to such emergencies in order to protect the patient from harm;
- c) If a court of law issues a legitimate subpoena, a therapist is required to provide information that is specifically described in the subpoena; (*this pertains to a court ordered subpoena issued by a judge*)
- d) If a patient is being evaluated or treated by order of a court of law, the results of that evaluation or treatment ordered must be revealed to the court; and
- e) If a therapist has good reason to suspect that a child or senior citizen is a victim of physical abuse, sexual abuse or neglect, he/she is required to report the abuse or neglect to the Department of Social Services.
- f) If Victoria V Grantham is seriously ill or deceased a representative from Triangle Center for Behavioral Health may be assigned to notify clients using contact information obtained from records.

I also understand:

- a) The fees for the above-mentioned services are \$180.00 for the initial session and \$150.00 for subsequent appointments.
Appointments last approximately 50 minutes;
- b) Your therapist is not trained to participate in court proceedings and clients who need these services will be referred to another provider;
- c) There is a \$100.00 an hour charge for report writing in addition to the usual charges for assessment appointments;
- d) That I **must provide** a 24-hour notice if I wish to cancel an appointment or the full per-session fee may be charged.
- e) Information and assistance regarding scheduling of appointments and payment of fees is provided by therapist. As a convenience, Owner of CCA will bill in network insurance for services provided but each client is responsible for contacting their insurance provider for details pertaining to deductibles, co-pays and authorization requirements.

I certify that I understand the contents of this document and I give my consent for psychiatric services.

Patient's or Guardian's Signature

Date

Therapist Signature