



Welcome to the Office Of Maureen Smart, LCSW-R

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Informed Consent to Individual Psychotherapy

This consent allows Maureen Smart, LCSW-R to provide psychotherapy treatment to _____ DOB _____.

Benefits are anticipated, but not guaranteed, from this treatment. I understand this and know that I am free to discontinue treatment at any time but that it will be best to discuss any plans to end therapy, before doing so, with Maureen Smart. LCSW-R.

I have discussed with Maureen Smart, LCSW-R what is involved in psychotherapy and agree to policies about scheduling, fees and missed appointments. I understand that I am fully responsible for all treatment fees, which include copays, coinsurance, deductibles and any portion of fees not reimbursed or denied by the insurance company. I understand that sessions will typically be weekly unless a need arises for more frequent treatment and that payment is due at the time of service.

I have the right to understand Maureen Smart, LCSW's training and qualifications. These were reviewed at our first session and I was allotted time to ask questions about her qualifications and treatment practices.

Signature

Date

Informed Consent to Psychotherapy with Families and/or Children

I/we understand that benefits are anticipated, but not guaranteed, from this treatment. I/we understand this and know that I/we are free to discontinue treatment at any time but that it will be best to discuss any plans to end therapy, before doing so, with Maureen Smart, LCSW-R.

I have discussed with Maureen Smart, LCSW-R what is involved in psychotherapy and agree to policies about scheduling, fees and missed appointments. I understand that I am fully responsible for all treatment fees, which include copays, coinsurance, deductibles and any portion of fees not reimbursed or denied by the insurance company. I understand that sessions will typically be weekly unless a need arises for more frequent treatment and that payment is due at the time of service.

Maureen Smart, LCSW-R has explained that children have the best chance of benefiting from psychotherapy when both parents including those who are separated or divorced, are involved in treatment and cooperate with each other and Maureen Smart, LCSW-R.

I/we agree to cooperate with the treatment plan and understand that without our mutual cooperation, Maureen Smart, LCSW-R may not be able to act in _____ best interests and may have to end therapy.

I/we agree that each of us has the right to information about _____ treatment and agree that the therapist may release information to either of us without any additional authorization from the other.

I/we agree that in the event that custody of, or visitation with, the child(ren) is contested in a legal proceeding, neither parent will require Maureen Smart, LCSW-R to testify at any proceedings because to do so would hurt your child's treatment since the role of the psychotherapist is therapeutic not evaluative. Further, forensic professionals could be better able and more appropriate to conduct necessary evaluations.

Signature

Date

*Who maintains 'final say' in decision making for my child(ren)? _____

Signature

Date