

## Consumer Information and Consent Form

The following information describes the nature of services provided by Stephanie Weiland, LLC and your rights as a consumer of therapy. If you have any questions about the following information, you should discuss them with the owner.

Stephanie Weiland, LLC provides mental health services. The mailing address is P.O. Box 473 Fulton, MD 20759. The phone number is (301) 490-1011. Stephanie Weiland, LLC serves adults, couples, families, adolescents, and children.

As a therapy consumer, you have the following rights:

1. To know the name, office address, and office phone number of your therapist. This information is listed at the top of this page as well as on the business card given to you.
2. To know the degrees, credentials, and licenses held by your therapist. Dr. Stephanie, the Owner, holds both a Ph.D. and a Master's Degree in Marriage and Family Therapy. She also is an Approved Supervisor and a Clinical Member of the AAMFT (American Association for Marriage and Family Therapy). Please discuss with your therapist if you have questions about education or licensure.
3. To receive information concerning the methods of therapy employed and the techniques used, the duration of therapy (if known), and the fee structure of services provided. Please discuss with your therapist if you have questions.
4. To seek a second opinion from another therapist.
5. To terminate therapy at any time. However, it is highly recommended that you discuss this decision with your therapist to insure adequate closure-this in no way restricts your right to end therapy.

**Confidentiality:** All information provided by you during therapy sessions is legally confidential and may not be released except under certain circumstances.

1. Therapists are required to report any suspected child abuse or neglect and/or elder abuse or neglect to the appropriate social services agency. Further, abuse can be defined as physical abuse (anything that leaves a mark on a person), sexual abuse, and/or verbal/mental abuse.
2. If Therapists receive information from a client concerning a threat of imminent physical violence, they must notify law enforcement authorities,
3. Therapists are required to initiate a mental health evaluation for a client who appears to be dangerous to self or others due to their mental health.
4. Therapists will need to break confidentiality if the therapist receives a court subpoena for testimony or client records.
5. Certain demographic and clinical information must be released to your insurance company (if we are billing your insurance) in order for Stephanie Weiland, LLC to be reimbursed for services rendered.

\_\_\_\_\_  
Client Signature (Or Parent/Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Or Parent/Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Significant Other Signature (Or Other Parent)

\_\_\_\_\_  
Date

E-mail Policy: Clients may choose to e-mail clinical information to Dr. Stephanie or to e-mail Dr. Stephanie or her assistant with appointment times. However, clients must understand that we can never guarantee e-mail information will stay protected and private due to the nature of the internet and the World Wide Web. Of course, Dr. Stephanie and her assistant do have passwords protected their e-mails. Therefore, phone voice mail on Dr. Stephanie's cell phone at 301-219-3397 or her assistant's cell phone is encouraged as an alternative but is not required. If you e-mail Dr. Weiland clinical information, she will not reply back. Rather, she will either phone you back if it is urgent and you request her to phone you in the e-mail or she will wait and address your thoughts and concerns during your next scheduled session.

#### Nonprofessional Relationships

You should be aware that personal relationships with your therapist are never appropriate and should be reported to the Maryland Department of Health.

If you have a grievance against your therapist, please speak to the Owner or contact the Maryland licensing board for Professional Counselors and Therapists at (410) 764-4735.

If you and your therapist should see each other in a place outside of the therapy office, your therapist will not acknowledge you unless you acknowledge her or him first. You will need to initiate a smile, wave, or a conversation. This is to protect your privacy.

#### Fees

The therapist's fee should be paid prior to each therapy session, and you must review and sign the financial Agreement on the next page. If you have arranged for us to bill your insurance company, then please review and sign the Financial Agreement carefully. You will be charged for sessions not cancelled at least 24 hours in advance.

If you do not understand any of the above, please discuss questions with your therapist or the Owner.

#### Client's Statement

I consent to mental health treatment by Stephanie Weiland, LLC. I understand the above and indicate my agreement by the following signature.

\_\_\_\_\_  
Client Signature (Or Parent/Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Or Parent/Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Significant Other Signature (Or Other Parent)

\_\_\_\_\_  
Date

#### Therapist's Statement

I have thoroughly informed my clients of their rights as a therapy consumer and have explained the above information pertaining to their consent for treatment.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date