

# Elizabeth (Liz) Seau LCSW, LLC

LICENSED CLINICAL SOCIAL WORKER, 29706 LCSW

*1601 2<sup>nd</sup> Avenue North, Suite 100-AGreat Falls, MT 59401, 406-616-3857*

## INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

WELCOME! Please take your time and thoroughly review the following. The purpose of this document is to provide you with information regarding your/your adolescence's participation in psychological treatment/evaluation with Liz Seau. Please feel free to ask any questions you may have regarding this form before signing.

Liz Seau is a Licensed Clinical Social Worker. She treats children, adolescents, and adults. She is experienced in treating a variety of conditions, including depression, anxiety, posttraumatic stress disorder, and behavior and mood disorders. Liz works with individuals, couples, families and groups. Liz's therapeutic orientation derives from an understanding of individuals as products of both genetic and environmental influences, particularly family and early life experiences. Liz's therapeutic orientation is primarily client-centered; however, she uses a variety of treatment approaches. Liz will discuss with you the most appropriate treatment interventions after considering your presenting issues. Liz also conducts Mental Health evaluations.

The following information is important for understanding the process of psychological treatment. As a client/parent of a client, particularly if you are new to this process, you may have certain expectations of therapy or your therapist. The therapeutic relationship involves two or more individuals who may not always agree. You are encouraged to discuss your expectations early in treatment or any concerns you have about the therapeutic process. Your role in your/your child's treatment is an active one. At times, your therapist may ask you to complete assignments outside of the therapy office (e.g., homework, journaling, self-monitoring behavior).

I am available by phone and voicemail Monday through Thursday from 9am to 6pm. After those hours, direct all non-emergency calls to my voicemail system. If it is after hours or the weekend and you are experiencing a mental health emergency (thoughts of harming yourself or someone else) and are unable to reach your therapist, please call **911**, your psychiatrist, or family physician. If you are not experiencing an emergency, but need to talk with someone, trained operators are available at The Voices of Hope at **211**. Trained counselors are available 24 hours/7 days a week. The principal factor in therapy is your ability to feel comfortable and trust your therapist will not disclose what you, your child, or your family share. While the goal of therapy is to provide a safe place to share your private thoughts and feelings, there are some exceptions to a therapist's ability to maintain confidentiality in all situations. Your confidentiality is waived in situations where the therapist is mandated by law to report, including: suspected child abuse or neglect; suspected elder abuse; and threats to harm yourself or others. Confidentiality is also subject to waiver when treatment is court-ordered or if you are involved in litigation that calls your mental health into question. If you are using health insurance to cover your therapy expenses, they often require information regarding assessment, diagnosis, treatment goals, and treatment progress. Your privacy is my primary concern.

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Fees for psychological services are paid to your therapist at the time services are rendered unless you are using insurance. **Except where there is a clear emergency, sessions missed or canceled with less than 24 hours' notice will be charged to you in full, Insurance companies will not pay for missed appointments.** Unpaid balances may be reported to a credit bureau or collection agency, following reasonable attempts at collection.

Please feel free to discuss your fee with us. Liz accepts the following insurance coverage: Blue Cross\Blue Shield, Medicare, Medicaid, Cigna and several other insurances. We also accept cash or personal checks.

Because therapy is a fluid and ever-changing process, this consent cannot capture all aspects of your treatment. This document does not constitute the entirety of your informed consent. Liz encourages an ongoing and open dialogue in an effort to offer you the relevant information necessary for you to make informed decisions about your treatment. If you have any questions, please discuss them with your therapist directly.

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PLEASE READ AND SIGN  
INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

By signing below, I agree that I have read and understand the INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES and agree to participate in psychological treatment with Liz. I also agree that I will address any questions regarding my treatment to my therapist. I agree that I have been informed of the fee schedule, late/missed session policy, and the limits of confidentiality.

\_\_\_\_\_  
Client Name (**Please Print**)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\*Both parents must give consent and sign when custody arrangements involve joint legal custody.

Copy of Informed Consent given to the Client, Parent or Personal Representative