



**HIRSCH PEDIATRICS
MENTAL HEALTH SERVICES
THERAPY CONSENT FORM**

Hirsch Pediatrics is pleased to offer on-site mental health services to support our patients and their families. There are several differences between therapy appointments and office visits with Dr. Hirsch. Please review this form carefully, initial on each line, and sign at the end. We are happy to answer any questions and look forward to continuing our partnership to help your children thrive.

_____ **OVERVIEW AND LIMITS OF CARE (please initial)**

- Our goal of therapy is to provide targeted counseling to achieve therapeutic goals on a focused timeline that is mutually agreed upon by the patient and the therapist.
- To ensure our services are available to as many families as possible and that therapeutic goals are identified and moved towards in a timely fashion, appointment frequency may be limited to no more than 4 sessions per month and/or 10 total sessions.
- Hirsch Pediatrics reserves the right to refer patients to other qualified therapists when the patient requires more frequent sessions or a longer duration of therapy.
- Therapy at Hirsch Pediatrics is only available to current patients of Hirsch Pediatrics.

_____ **STRUCTURE OF APPOINTMENT (please initial)**

- Counseling sessions will generally last 45-50 minutes. *Please arrive promptly* because appointments must end on-time to accommodate the next scheduled appointment.
- Counseling sessions may include the child and/or parent. If you are planning on dropping your child off, please consult with the therapist ahead of time to confirm if parent attendance is required at the session.

_____ **MISSED/LATE APPOINTMENT POLICY (please initial)**

- Please notify us as soon as possible by portal or phone if you need to reschedule. We require a 24-hour notice of cancellation to allow us to use the time for others. Failure to notify Hirsch Pediatrics more than 24 hours in advance will result in a \$125 fee.
- Since it is important that all therapy appointments have ample time to accomplish the session goals, patients that arrive more than 15 minutes late may have the appointment cancelled and considered a missed appointment.
- Multiple missed appointments may result in dismissal from future therapy appointments.

_____ **TRANSFER OF CARE (please initial)**

- Hirsch Pediatrics reserves the right to refer patients to other qualified therapists in the following situations:
 - Patient or family is not active or willing participants in the therapy plan.
 - Patient is actively suicidal or has significant drug abuse.
 - Significant parent conflict due to divorce or other reasons that is disruptive to the therapeutic relationship.
 - Other therapy situations where for any reason the therapist is not able to achieve the agreed upon goals.



_____ **PAYMENT (please initial)**

- Counseling services from Hirsch Pediatrics are billed directly to insurances for all in-network insurances. To verify that your insurance is in-network, please notify us before the appointment of any insurance changes. (*Please Note: There are some insurances that may be in-network for appointments with Dr. Hirsch but out-of-network for appointments with the therapist.*)
- The fee for self-pay families or out-of-network insurances is \$150 per session and will be collected before the appointment.
- Deductibles, copays and other charges may apply. Please Note: Your insurance plan may require a specialist copay (which is usually higher than a primary care copay), and you may have a separate mental health deductible/coinsurance.

_____ **CONFIDENTIALITY (please initial)**

- In managing confidentiality concerns, the counseling staff will follow both the ***Ethical Principles of Psychologists and Code of Conduct*** from the American Psychological Association and **Maryland state law**.
- All mental health appointment interactions with Hirsch Pediatrics, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your child's counseling to persons you designate outside of Hirsch Pediatrics.

_____ **EXCEPTIONS TO CONFIDENTIALITY (please initial)**

- The counseling staff works as a team. Your therapist may consult with other counseling staff and staff at Hirsch Pediatrics to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Maryland state law requires that therapists who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to the authorities.
- A court order, issued by a judge, may require that Hirsch Pediatrics release information contained in records and/or require a therapist to testify in a court hearing.

I have read and fully understand the above information and have been given the opportunity to discuss the above information with someone on the therapy team. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a recipient of therapy from Hirsch Pediatrics. I acknowledge that I received HIPAA consent forms as a patient of Hirsch Pediatrics and these forms also apply to therapy services.

Signature of Patient (if 16yrs old or older)

Signature of Therapist

*Signature of Parent/Guardian
(if client is under 18yrs old)*

Date