



Psychotherapy Appointment Agreement & Consent to Treatment

Consent/Confidentiality

I (we) authorize a professional representative of Pediatric Partners to provide diagnosis and treatment of [PATIENTS NAME], and/or members of my family as deemed professionally necessary.

The content of all sessions is not disclosed to any person outside of the therapeutic session; however, our providers and therapists are required by law to inform the Florida Department of Children and Families if there is any suspicion of physical, sexual, or emotional abuse and/or neglect of a child. Also, understand that if the provider or therapist has a reasonable cause to believe that the patient is a danger to himself or to the person or property of someone else then disclosure must be made to an appropriate individual or agency that can prevent the threatened danger.

Appointments

We are committed to providing a consistent level of care to all our patients. Due to our patient volume, we can schedule a maximum of 4 appointments for you at a time.

Missed Appointments (No-Shows) and Same Day Cancellations

We request at least 24 hours' notice for appointment cancellations. Please call our office during business hours at (561)-741-0000 should you need to reschedule or cancel an appointment.

Patients who cancel their appointments without a least 24 hours' notice will be charged a \$25 service fee. This fee will be charged directly to the patient.

We understand that life can be unpredictable, and emergencies may occur resulting in a missed appointment or same day cancellation. Pediatric Partners will be happy to work with you on rescheduling your appointment without a service charge if this occurs; however, after the 3rd no show or same day cancellation, we reserve the right to discharge you from psychotherapy services at Pediatric Partners.

Late arrivals

A clinical psychotherapy hour is 50 minutes in duration. Please be on time to all appointments so you can receive the full length of your session. Patients who arrive late to their psychotherapy appointment will miss the opportunity to have a full session with our therapist.

Telephone Calls

We welcome any questions or behavioral concerns you may want to address with our therapist over the phone. However, if the duration of the conversation approaches 10 minutes, we ask that you make an appointment.

Payments

Fees for psychotherapy sessions will be collected at the time of service. Pediatric Partners requires a credit card to be on file.

I (we) have read, understand, and agree to the above policy.

Print Patient Name

Signature of Patient (if 18 years or older)

Authorized Individual print Name

Signature of Authorized Individual

Relationship to Patient

Date