

Consent to Treatment

By signing this agreement, you are entering into a voluntary contract for treatment with Renee G. Felder, LCSW. You may terminate your contract at any time. Information revealed during therapy will be kept strictly confidential, within certain limitations. These limitations include a reasonable suspicion of child abuse, or concern that you (or your minor child) may be a threat to yourself or to others. Under these circumstances, by law, Renee Felder is required to reveal this information to other agencies or individuals for your protection as well as the safety of others. If there is a need to contact other persons or agencies regarding your treatment (or that of your minor child), I will release relevant information only with your prior written consent.

Renee G. Felder operates on a fee-for-service basis. All fees are due at the time of service. I do not accept insurance payments, but I will provide a receipt at the time of service that you may submit to your insurance carrier for reimbursement. It is your responsibility to find out if your insurance company will cover the services provided by Renee Felder.

Clients may be held financially responsible for missed appointments if the session is not cancelled at least 24 hours in advance. By signing this agreement, you are giving me permission to mail billing statements or other necessary mailings to your home, and to contact you by phone if necessary. Please be sure to provide me with a telephone number where a discreet message can be left.

I understand and accept the above policies.

_____ Client Signature	_____ Date
_____ Signature of Responsible Party/ Relationship to Client if applicable	_____ Date
_____ Renee G. Felder, LCSW	_____ Date

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