

Dolores (Lolita) B. Grohmann, LMFT
Marriage & Family Therapist-Lic. #MT 1891
Bridgewater Professional Park 4913 Van Dyke Rd
Lutz, Fl 33558 (813) 924-3491

Client Consent for Treatment

Client Name: _____ DOB: _____ Age: _____

The following is intended to familiarize you with your psychotherapist
Dolores (Lolita) B. Grohmann, LMFT.

Please Read it Carefully

1. You have the right to confidentiality. This means that what you say during the session will not be talked about outside of the session unless you give your written permission. Exceptions to confidentiality include: issues of abuse, neglect, or plans to hurt yourself or other, and/or upon a receipt of request which may be governed by other Florida Statutes or a court order.
2. Payment for services is due at time of session. You are responsible for co-pay and any amount that your insurance or EAP will not cover due to date, or lack of authorization.
3. A session consists of 45minutes (EAP) and 45 or 60 minutes (insurance) according to insurance rate. Private pay sessions are 50 minutes.
4. A 24-hour notice is required to cancel without being charged for the session.
5. Abuse of legal or use of illegal substances during treatment is unacceptable.
6. Please understand that initially your symptoms may worsen while in treatment, therapy is designed to assist you with coping with these symptoms or stressors.
7. Please feel free to discuss any problems or questions that may arise with your therapist.
8. For after hour's emergencies, you may call the Crisis Center at 234-1234 or 911.

I hereby authorize Dolores B. Grohmann, LMFT to administer therapy/counseling as deemed appropriate.

I have read and understand the above information regarding my participation in services provided by Dolores B. Grohmann, LMFT and I agree to abide by the rules as listed above.

Client/Parent/Guardian Signature

Date