

LIVE WELL COUNSELING

Theresa Wray LCSW LCADC

Linwood Professional Plaza, 2021 New Road; Unit 10, Linwood NJ 08221

INFORMED CONSENT FOR OUTPATIENT THERAPY SERVICES

This Informed Consent provides important information about therapy services, office policies, and establishes a clear understanding and agreement between you and your therapist. Therapy requires a time commitment. While many individuals benefit from treatment, outcomes are not guaranteed. Treatment planning and session scheduling are collaborative, and consistent attendance is expected to support progress.

Professional Disclosure

Theresa Wray holds a Master of Social Work degree and is licensed by the State of New Jersey as a Licensed Clinical Social Worker (LCSW) and Licensed Clinical Alcohol and Drug Counselor (LCADC). Theresa Wray has experience working with adults and couples and has treated concerns including depressive and anxiety disorders, obsessive-compulsive disorder (OCD), trauma-related disorders, substance use disorders, personality disorders, bipolar disorder, and schizophrenia.

Contact Information

To confirm appointments, you may be contacted using the information provided on your registration forms. It is your responsibility to maintain accurate and up-to-date contact information.

Privacy and Confidentiality

Theresa Wray LCSW, LCADC complies with HIPAA and maintains confidentiality of therapy information and records. Consultation or coordination with other professionals may occur when clinically appropriate, with written authorization obtained when required. Confidentiality may be breached if there is imminent risk of harm to self or others, suspected abuse or neglect of a child, elder, or disabled person, or when disclosure is required by a valid court order or subpoena.

Client Rights

You have the right to respectful, non-discriminatory care; confidentiality as required by law; timely access to services; participation in treatment planning; clear explanations of care and options; information about provider credentials and community resources; the ability to file complaints without retaliation; and treatment decisions made without regard to payment source.

Client Responsibilities

You agree to maintain accurate contact and insurance information; treat others with respect; provide accurate information for care; follow the agreed-upon treatment plan; keep appointments with 24-hour cancellation notice; pay all fees and balances due at time of service; communicate concerns openly; and cover any insufficient-funds bank fees.

Lateness, Cancellations, and No-Shows

Appointments cancelled with less than 24 hours' notice or missed without notice may be subject to a fee. Arriving more than 15 minutes late may result in session cancellation.

Crisis Services

Theresa Wray LCSW, LCADC does not provide crisis services outside of scheduled sessions. In an emergency, call **988 (Suicide & Crisis Lifeline)**, dial **911**, or go to the nearest emergency room.

Insurance

To use insurance benefits, you must maintain accurate insurance information. Necessary clinical and administrative information may be released to process claims. You are responsible for all fees not covered by insurance. If payment is sent directly to you by your insurance carrier, you agree to forward payment to Live Well Counseling and Training LLC.

Psychiatric Advance Directive

A Psychiatric Advance Directive (PAD) allows individuals to document treatment preferences in the event they cannot make decisions during a crisis. I would like information about a PAD I am not interested at this time

Acknowledgement of Informed Consent

By signing below, you acknowledge that you have read and understand this informed consent, your rights and responsibilities, and agree to participate in outpatient therapy services. You understand that questions may be addressed at any time.

Client Name: _____ DOB: _____

Client Signature: _____ Date: _____