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Annapolis Psychotherapy
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THERAPY CONSENT FORM

Welcome. I look forward to working with you. This document contains important information about my practice. Please take the time to read this information.

PROFESSIONAL QUALIFICATIONS – I am a Clinical Social Worker licensed by the Maryland Board of Social Work Examiners (License # 13725). I received a Bachelor's Degree in Psychology from the University of Maryland, College Park and a Masters of Social Work Degree from Catholic University in Washington D.C. In addition, I have eight years of post-graduate training in psychotherapy from the Washington School of Psychiatry in Washington D.C. I am currently on the faculty of the Washington School of Psychiatry.

PSYCHOTHERAPY – Psychotherapy is not easily described in general terms. It varies on the personalities of the therapist and client, the problems being experienced and the training and orientation of the therapist. Psychotherapy calls for active effort and involvement on your part. In order for therapy to be successful, you will have to work on things we discuss during sessions and on your own outside of therapy.

Psychotherapy has benefits as well as some risks, as the process often involves discussing and experiencing unpleasant thoughts, emotions, and memories. Research has demonstrated that engagement in such a process helps patients on many levels – emotionally, physically, and interpersonally. Despite these findings, there is no guarantee that you will experience all these benefits. For a more expanded understanding of psychotherapy, please refer to my website at www.annapolispsychotherapy.com.

PRIVACY & CONFIDENTIALITY - Privacy and confidentiality are critical to the process of psychotherapy. All information disclosed within sessions and any material pertaining to these sessions remain private and confidential and will not be released to anyone without your written permission. It is important for you to know that under certain conditions I am required by law to release information without your permission. These instances are rare and include:

- If there is reasonable suspicion of child or elder abuse or neglect.
- If there is reasonable suspicion that you may be an imminent danger to yourself or others.
- If information is requested under an official court subpoena.

PAYMENT – The fee for a 55 minute individual or couples therapy session is \$200.00. Payment is expected at time of service unless another arrangement has been made. I accept cash, credit card or check.

INSURANCE – I am out-of-network provider with most major insurance plans. What this means is that your insurance may reimburse for some of the session cost. Please check with your insurance plan to see if you have out-of-network benefits. I would be more than happy to provide you with the necessary paperwork for you to submit to insurance. You would be required to pay for the sessions up front.

CANCELLATIONS- Your appointment time is reserved for you and usually cannot be filled in short notice. In order to make appointments available to others, please let me know if you are not able to make your appointment as soon as you can. **Appointments canceled within 24 hours will be charged a full fee.**

NOTICE OF PRIVACY PRACTICES (HIPPA) - Signing below means that you have read the NPP (Effective September 2013) and have been made aware of how your medical records may be used and disclosed (NPP can be found on www.annapolispsychotherapy.com).

CONTACT BETWEEN APPOINTMENTS – You may contact me between appointments at 410-562-9647 or mail@annapolispsychotherapy.com. Phone is the best way to reach me. Please know that although you can e-mail me, I do not discuss clinical issues over e-mail. I will do my best to return our call or e-mail as promptly as possible, but cannot assure you of this, particularly on the weekend. In the case of an emergency, you should contact your primary care physician, call 911, or visit the emergency room of the nearest hospital.

Please discuss with me any questions you may have about any of these outlined provisions. Your signature below indicates that you have read the information and agree to its conditions.

Signature

Printed Name

Date