

Jamal Granick, Ph.D., LMFT
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Informed Consent

1. Jamal Granick is a Licensed Marriage and Family Therapist (CA LMFT# 38084, NM CMF018121).
2. All matters discussed in therapy are confidential, with the following exceptions:
 - Any suspicion of child, elder, or dependent adult abuse legally must be reported to the appropriate agency.
 - If you at any time become a danger to yourself or others, appropriate people may be informed.
 - You may request that your records or other information be released to another agency or individual. These requests must be confirmed in writing and may be revoked at any time.
 - The court can, in certain cases, require records to be submitted.
 - Therapists routinely consult with professional colleagues who are bound by the same rules of confidentiality.
 - When there is a third-party payer, such as an insurance company, attendance of sessions may be disclosed to payer.
3. Email can be an efficient way to communicate about appointments and other related matters, however you should be aware that electronic communication is not totally secure. While I will take every measure to keep email correspondence private, I cannot guarantee complete confidentiality in the electronic domain.
4. The purpose of therapy is to help you deal effectively with your life and relationships. The length of treatment will vary and will depend on your goals and the complexity of the issues addressed.
5. Sessions are generally fifty minutes long and scheduled weekly unless other arrangements are made.
6. Cancellations should be made at least 48 hours in advance. Appointments canceled with less than 48 hours notice may be billed at your regular fee.
7. Payment is expected at the time of the visit, unless other arrangements have been made. Your fee will be established before your first appointment. Fees are potentially subject to annual increases for which you will be provided written notice in advance.

initials

8. Regarding Medicare and private insurance:

- I am not a Medicare provider. If you have Medicare you will need to sign an opt-out contract for our sessions.
- I do not participate on any private insurance panels.
- Some PPO plans will reimburse part of your payments. I am happy to provide monthly statements summarizing your treatment.
- I do not provide treatment plans to insurance companies to obtain authorization for treatment.
- Some insurance companies require that I provide a diagnosis before they will reimburse you. I am willing to provide a diagnosis, if one applies, but I cannot guarantee that it will be accepted as reimbursable. Also, I recommend that you carefully consider the implications of obtaining a psychological diagnosis, as it may become part of your medical record. Generally, I prefer to discuss it in person before providing a diagnosis.
- In any event, you remain responsible both for payment at the time of service, and to determine your insurance company's terms and conditions for reimbursement.

9. You have the right to terminate therapy at any time or to request that a referral be made to another therapist. It is usually helpful to both client and therapist that this be discussed in person.

10. If you have any questions or concerns at any time regarding your therapy, you have the right to discuss these with your therapist.

I have read the above policies and give my consent to receive treatment.

Client's name _____
(please print)

Client's signature _____ Date _____

Date of birth _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____