



# RGM PSYCHOTHERAPY RESOURCES, INC.

2555 S. Dixie Hwy • Suite 106 • Kettering, OH 45409  
Phone: (937) 298-6363 Fax: (937) 298-6399

Raymond Messer, MSW, LISW

## CONSENT FOR TREATMENT

This is to certify that I give permission to the staff at RGM Psychotherapy Resources to provide psychotherapy/counseling treatment for myself and/or my minor child,

*ABOUT CONFIDENTIALITY:* While under most circumstances all communication between the client and the therapist is confidential, Ohio State Law mandates the reporting of actual or suspected child or elder abuse to the appropriate agency. It has also been upheld that if an individual intends to take harmful or dangerous action against another, it is the therapist's duty to warn the person/or the family of the person who is likely to suffer the results of harmful behavior. Similar actions are taken with clients who may have suicidal thoughts and desires.

I understand that every reasonable effort will be made to appropriately resolve any violation of client privilege before such a compromise is made; however, there are situations that may require action prior to notification.

I have the right to terminate the therapeutic relationship at any time without fault or cause. Further, I understand that if I am inactive in treatment for more than thirty (30) days (without prior arrangement), my case will be considered inactive and it will be closed.

\_\_\_\_\_  
(Initial)

*FINANCIAL, CANCELLATION, AND NO-SHOW POLICIES:* I understand I am financially responsible for this treatment and agree to pay any balance not covered by my insurance carrier. Further, I agree to pay all co-payments at the time of service. I understand that cancellations must be received by 6 p.m. the day before a scheduled appointment; I agree to pay half-fee for first late cancellation and full-fee for any ensuing session not canceled in a timely manner; I understand that my insurance company will not reimburse me for missed appointments. Charge for missed appointment must be resolved before rescheduling

\_\_\_\_\_  
(Initial)

### Note to CareSource clients:

Per contractual agreement with CareSource, RGM cannot bill for missed appointments; therefore, it is the policy of RGM to warn clients that their services may be discontinued after any combination of three same-day cancellations and/or no-showed appointments.

\_\_\_\_\_  
(Initial)

A photocopy of the Consent shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of client or responsible adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness/therapist

\_\_\_\_\_  
Date