

Rick Tivers & Associates

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New Client Information & Consent to Treatment Form

The decision to seek therapy is an important and personal one. This information sheet has been designed to give you an idea of what the professional relationship can be like with us.

We provide both short and long-term psychotherapy with individuals, couples, families, and groups. Our approach to the therapy process is a collaborative one in which you are encouraged to be an active participant and take responsibility for setting goals, attending sessions, and working. Therapeutic progress depends on many factors, such as motivation, honesty, and effort. Our therapists each have a unique skill set that believes our experiences in the past and present relationships, and the messages we learn from them about others, have a central role in causing and maintaining the symptoms and issues people bring to therapy. Our time with you is to explore your feelings, your thoughts, your behaviors, your past experiences and current circumstances-and the interplay between these. You are encouraged to ask your therapist more about their training, education, and approach to therapy. Individualized treatment goals will be determined by you in collaboration with your therapist.

Confidentiality

We regard the information you share with us with the greatest respect, so we want to be as clear as possible as how it will be handled. In general, we will share with no one what you share with us. However, the therapists within Rick Tivers and Associates are deeply invested in their continued development as therapists; because of this, we will occasionally consult with each other, other colleagues, or specialists. Though these individuals are also ethically required to maintain your confidentiality, we will make every effort to protect your identity.

Illinois state law mandates these additional exceptions to our confidentiality. 1) If you are a danger to yourself or someone else; 2) If you are a minor, or an elderly or disabled person, and you divulge information indicating that you have been a victim of abuse, or you divulge information about another such person who is the victim of abuse; 3) If our records are subpoenaed by the courts, such as in child abuse or a child custody suit, and 4) If you file a suit or complaint against one of our therapists, we may disclose relevant information from our records in our defense

Appointments, Fees & Payments

Generally, appointments are scheduled based on treatment goals. If you decide to change a scheduled appointment, contact your therapist 24 hours in advance so that he or she has the opportunity to reschedule that time. You will be charged for appointments that are not canceled at least 24 hours in advance, as that time has been reserved for you. Each therapist has their own fee structure; this will be discussed with you during your initial appointment. Payment by cash or check is due at the beginning of each session, unless prior arrangements have been made. Accounts are considered delinquent after 30 days of non-payment. Late payment will be discussed in therapy, and, if it continues to be an issue, it will result in then possibility of discontinuation of treatment.

Client Information

Name Date

Address E-mail

City/State/Zip Phone #

Birthday Occupation Gender

Emergency contact (name) Number Relationship

Other treatment provider(s) Number May we contact? (y/n)

Client printed name Client signature