

Robyn J Pichler, Psy.D.

Consent For Treatment

Welcome. My practice is based on the belief that we all have the capacity to heal given the ability to access our resources, both internal and external. Psychotherapy and Soul Focused Healing is a significant decision. You may be seeking help through a situation that affecting your mind and spirit. You may be looking for change for yourself as you move through a place in your life you find challenging. You may be confused about what you need and are looking for answers I see my job as that of a partner in helping you move through these issues while giving you a safe place to do so. Below is information you need to know as you make the decision to participate in therapy and Soul Focused Healing. Please read through the material and let me know if you have questions.

**Ideally, our work together includes open communication. If there is something you do not understand or have a question or comment, I hope you will feel free to bring it up. Therapy does not always feel easy and can be uncomfortable as it brings up issues in unexpected ways. Being able to talk about that is important.

**Your confidentiality is very important to me and I make every effort to protect your privacy and confidentiality. Your written permission is required for me to release any information about you. If there is child or elder abuse revealed, or suicidal or homicidal behavior disclosed, confidentiality will be compromised. My response to these situations will have the goal of keeping everyone safe, including and especially you. Also, a judge can issue a subpoena for information regarding a legal case.

**If you need to contact me during weekends or holidays, please leave a message for me on my voice mail. I will check my messages and will contact you as soon as possible. If I have another therapist take my calls, I will leave that information on my voice mail so you can contact that person. If you are feeling suicidal or homicidal, or are experiencing an emergency that requires immediate attention, call 911 or go to your nearest hospital emergency room.

**I do not bill insurance or interact with them in any way. The longer sessions I offer do not translate to sessions that are covered by insurance/managed care companies. If you need to bill insurance, a therapist who works with managed care would be a better choice.

** By signing this form, you are stating that you understand the content of this treatment consent and agree to these terms.

*I agree that this agreement may be electronically signed. I agree that the printed name appearing on this agreement is the same as my handwritten signature for the purposes of validity, enforceability, and admissibility.**

Signature _____ Date _____

**please save this agreement to your device, then email as an attachment to drrobypichler@gmail.com If client elects to opt-out of signing this agreement electronically, they may print, complete manually, and scan to email it.*

Robyn J. Pichler, Psy.D.
Licensed Psychologist

Client Information Form

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Date of Birth _____ Age _____

Email _____

Occupation or if student, school attending and what grade? _____

Spouse or Parent Information

Name _____ Phone _____

Do you give permission to be reached at all telephone numbers listed? YES NO

Nearest relative (in case of emergency only. This does not give me permission to communicate with this person otherwise) Please list name and number

By whom were you referred? _____

Briefly describe what brings you in at this time

List any medical conditions (asthma, ulcers, diabetes, heart disease, cancer, etc.

Current medications:

Have you previously seen a mental health professional (psychologist, psychiatrist, counselor) If so, when and for what reason?

Please add anything you would like for me to know about you and your reason for seeking treatment:

Thank you!