

Melvin L. Cauthen, MSW, LICSW, LCSW-C

Motivating Life Changes

1629 K Street, N.W., Suite 300

Washington, DC 20005

559-546-1156

General Information and Informed Consent

Please read this informed consent carefully, and be sure you have understood it. I encourage you to discuss any questions with me.

Who I Am

I am a licensed independent clinical social worker and am certified to practice psychotherapy in the District of Columbia and Maryland. I am a member of the National Association of Social Workers and I adhere to their ethical principles and standards. I offer psychotherapy for individuals, couples and families at 1629 K Street, Suite 300, NW in Washington, DC 20005.

What to Expect

We will collaborate to decide what will be most helpful for you. Open and honest discussion of your experience will make therapy most effective and useful for you. Sessions are 50 minutes in length and take place weekly unless we agree on another arrangement.

Therapy takes time. It will take time to see positive changes. Therapy will make you more aware of your feelings, and this may lead to increased distress at some times. I encourage you to share your reactions, questions, and concerns.

Periodically, we will review your goals. When you are ready to terminate therapy, it is important that we review the work that we have done together, regardless of how long we have been in treatment together.

Appointments

If you are not able to keep an appointment, I ask that you please provide 24-hours notice. If you are not able to cancel with 24 hours notice, a \$40 fee will be assessed.

Session Fees

Payment is due at each visit by cash or check. I participate with the CareFirst and Magellan Behavioral Health insurance plans. You will be responsible for the co-pay at each session. For those who are self-pay, session fees are \$130 per 50-minute session for individual psychotherapy and \$150 per 50-minute session for couples and families. I will provide a detailed receipt for you to file for reimbursement with your insurance plan.

Confidentially

The information you share with me is kept confidential and can only be released to someone else with your written consent. However, there are circumstances where I am legally required to provide information about you without your consent. This will occur if you or someone else is in danger of being harmed (matters of personal safety, child abuse or elder abuse). If at all possible, I will discuss this with you in advance. More information about this is available in the HIPPA Notice of Privacy Practices.

HIPPA Notice of Privacy Practice

The HIPPA Notice of Privacy Practices explains how your personal information may be used and disclosed. A copy of the Notice will accompany this informed consent. Please feel free to ask me any questions you have about confidentiality.

Your signature below indicates that you have reviewed this document and understand the terms of treatment. Your signature also indicates that you have reviewed the Notice of Privacy Practices, have been provided with a copy, and have been made aware of how your medical records can be used and disclosed.

Client Signature_____

Date_____

Client Signature_____

Date_____

Melvin L. Cauthen, MSW, LICSW, LCSW-C

Date_____