

Paul J. LaChance, PhD

Licensed Professional Counselor

409 Main St., Chester, NJ 07930 | Lic. # 37PC00720000
133 North Fourth St, Easton, PA | Lic. # PC009654
Providence and Narragansett, RI | Lic. # MHC01443

908.235.8489 | pjlachance@outlook.com

Informed Consent Agreement

The success of your therapy depends on your active participation, including attendance at sessions, investment in the work that we do together in session, and completion of between-session tasks. It will be up to you to decide what we talk about and to consent to the specific interventions recommended.

Confidentiality

No information will be released without your written consent. However, I will be required to release information to third-party payers, e.g., insurance companies, etc. Additionally, I may be required by law to breach confidentiality if I believe that you present a clear and imminent threat to yourself or to another person or that a child is in danger. Additionally, a court order, subpoena, lawsuit, complaint or similar process may necessitate that I release your records or a summary of them without your permission.

My Education I hold a master of arts degree in Counseling Psychology upon which my license to practice is based. I also have an advanced degrees in Philosophy (MA) and a terminal degree (PhD) in Theology. I am not a clinical psychologist but a Licensed Professional Counselor.

Fee Schedule

Individual and Couple Counseling, 60-minute sessions, \$250 with no-insurance and sliding scale rates that include a maximum out-of-pocket fee of \$120.00. Any insurance payments will be applied the account to offset the differential between the session fee and out-of-pocket maximum collected. Any amount in excess of the session fee will be refunded to the client. Payment is due at the time of service in the form of cash, check or credit card. I also work on a sliding scale and reserve a limited number of sessions at a reduced rate. In the event you must cancel an appointment, please give me 24-hours' notice. Within 24 hours, a late cancellation charge of \$45 will be applied. No shows will be charged the full session fee. If you are unable to attend an in-person session, you have the option of a virtual session.

Consultation: Between session phone consultations will be billed at \$25 per quarter hour.

Court appearance fees are \$500.00 plus \$100.00 per hour beyond the first 4 hours and federal mileage rate. An administrative fee for preparing and writing summaries for court will be billed at \$200.00. If you anticipate becoming involved in a litigation, please be advised that I may not consent to give testimony or produce documents in response to an attorney-issued subpoena.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE TREATMENT AGREEMENT AND AGREE TO ITS TERMS AND HAVE SEEN THE PRIVACIES POLICIES AND PROCEDURES. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED A COPY FOR YOURSELF.

Client Signature

Date