Suzanne LeSure, Ph.D. and Associates
Consent for Treatment

Name:_____ Phone_____
Address:_____
Email address_____
DOB _____ SSN_____

Types of Service Provided
Services will be delivered through Electronic Service Delivery ("ESD") using Doxy.me. Doxy.me is a secure platform used by medical professionals and meets requirements of HIPPA. In the initial session, you will be asked questions about your history, medical care, current symptoms, and about other areas that may be relevant to developing a plan of care. Treatment usually involves individual sessions but may also include significant others. All treatment is conducted only with your consent. You agree to establish a confidential setting in which you can receive services and your therapist has the same obligation.

What you can expect
After an initial assessment, you and your therapist will decide on goals and frequency of sessions. The duration of treatment is different for every person and can be difficult to estimate. If you have any concerns about this, discuss it with your therapist. You can always be referred to another professional at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy because the process of working on personal issues can be difficult.

Emergency Services
ESD does not lend itself to emergency services. If an emergency arises, it is your responsibility to access the nearest emergency department for assessment.
Person to contact in an emergency:_____Phone:_____
Identified emergency facility near you_____

Fees for Services
If you plan to use your insurance, please check your coverage with your company. Not all insurances cover ESD. We will bill your insurance company, but you will be expected to pay any co-payment required by your insurance plan.
The following fees are charged:
Initial Assessment Session: 250.00
Therapy Session 50 minutes: 200.00
Therapy Session 30 minutes: 150.00

Cancellation Policy
If you need to change or cancel an appointment, please do so 24 hours in advance. You may be charged the full amount for no show or late cancellations.

I have read the ESD policy and the HIPPA policies on our website and I give my consent for treatment with my therapist. I also give consent for my therapist to communicate with emergency service providers and/or the above named emergency contact in the case of an emergency.

Signature_____ Date_____

Please print and mail this form to:
Suzanne LeSure, Ph.D.
4475 Valley Forge Drive
Cleveland, Ohio 44126

Alternatively, you may email this form to billing@suzannelesure.com.
Please be advised this method is less secure and Suzanne LeSure, Ph.D. and Associates are not responsible for any issues that may arise from you sending your private information via email.