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**Client Information and Office Policy Statement  
Informed Consent**

**i. Appointments:**

Appointments are usually scheduled for 53 to 60 minutes. Patients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency, your therapist may be reached at 610-698-2852. If you are unable to reach your therapist, you may call your primary care physician or the local emergency room, or a crisis hotline:

- a. Lehigh County – 610-782-3127
- b. Northampton County – 610-829-4801

Please utilize these resources in an emergency situation if you are unable to reach your therapist.

**ii. Confidentiality:**

Issues discussed in therapy are important and are legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include:

- a. Suspected abuse or neglect of a child, elderly person, or a disabled person
- b. When your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself
- c. If you report that you intended to physically injure someone the law requires your therapist to inform that person as well as the legal authorities
- d. If your therapist is ordered by court to release information as part of a legal involvement in company litigation, etc.
- e. When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.
- f. In natural disasters whereby protected records may become exposed
- g. When otherwise required by law

You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.

**iii. Record Keeping:**

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless required by law as outlined in the Confidentiality section above. Active charts are locked and kept on site.

**iv. Payments:**

Payment is due at the time of the session unless other arrangements have been made. Your therapist will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit.

**v. Cancellations and Missed Appointments:**

Cancellations must be made at least 24 hours in advance unless it is an emergency situation. Missed or late cancel appointments will be billed to you at the full amount (not just co-pay). You may leave messages 24 hours a day on my voicemail.

**vi. Consent for Treatment:**

By signing below, you are stating that you have read and understood this policy statement and you have had your questions answered to your satisfaction.

I accept, understand, and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of Patient (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_