

INFORMED CONSENT

Consent to Treatment

I voluntarily consent to receive treatment, counseling and/or or consultation services from Susan J Sabatini, MA, LMFT. I acknowledge that Susan J Sabatini, MA, LMFT has not made guarantee or warranty regarding a result or cure.

I understand this consent to treatment will be valid and remain in effect as long as I participate in therapy unless revoked by me in writing, with written notice provided to Susan J. Sabatini, MA, LMFT, Wilmington NC 28403.

Telehealth Policy

I understand there are risks of participating in teletherapy, including, but not limited to, the possibility the transmission of information may be disrupted by technical failures, and/or unauthorized persons despite best efforts to ensure high encryption and secure technology on the part of Susan J. Sabatini, MA, LMFT.

The laws that protect in person confidentiality, with the noted legal exceptions as outlined in Susan J. Sabatini, MA, LMFT privacy policy found on her website www.ssabatini.com, apply to teletherapy.

Cancellation Policy

If I need to cancel and reschedule - I understand this time has been reserved for me and I agree to provide a **48-hour notice or pay a cancellation fee.**

I have read and understand the information provided in this Informed Consent to Treatment. In addition, I agree to the conditions, exceptions of confidentiality, and cancellation policy, as described in the Client Handbook found on www.ssabatini.com

Consent to Treatment

I, _____, give permission for Susan J. Sabatini, MA, LMFT (License #1960), to provide psychotherapeutic treatment. I understand that the services will be rendered in a professional manner, consistent with accepted ethical standards. I also give permission to release any medical information about my treatment needed for payment of my insurance claims. By my signature, I am affirming I understand the contents of this document and that I agree to the provisions.

Print Name

Signature

Date

*Services will not be denied on the basis of race, religion, gender, ethnicity, age,
lifestyle, or disability*