Douglas L. Cohen, Ph.D.
Canal Square
1054 31st Street NW, #500
Washington, DC 20007
info@douglaslcohenphd.com
202.368.2852

Consent for Psychotherapy Treatment

Name: _____ Date of Birth: _____

This document outlines the policies and standards of care under which I operate. Please read it carefully and let me know if you have any questions.

Confidentiality:

Your sessions are confidential and your information will not be shared without your written consent, except where required by law (e.g., risk of harm to self/others, child/elder abuse, court order).

Treatment Experience:

Psychotherapy may involve discussing difficult topics which may bring up distressing feelings. You may experience emotional discomfort, and there are no guaranteed outcomes.

Payment Policy:

You are responsible for the full, on–time payment of all invoices whether or not you use an insurance company for reimbursement. If you seek reimbursement by your insurance company, you should ask them to send reimbursement to you rather than to me. Please let me know if you intend to

seek reimbursement from your insurance company in which case you will need a diagnosis code that we can discuss before I prepare your invoice. Invoices have all of the information required by your insurance company. At the end of each month, I will send an invoice. Payments are due on or before the 15th of the following month. For example, payment for an invoice for the month of February is due on or before March 15th. Payments may be made by Venmo, check, Zelle or PayPal. Paypal payments including credit card payments may be made on my website.

Cancellation Policy: If you schedule a session and later cancel it, you will be charged for that session unless:

- You reschedule the session to a time within a week before or the week after the cancelled appointment or
- Another patient takes the time you have cancelled.

Cancellations made within 24 hours of the scheduled session will be charged and cannot be rescheduled.

Group therapy sessions cannot be rescheduled and absences are charged.

Communication:

Email and phone are used for administrative purposes only. The quickest way to reach me is by email.

I do not provide crisis services. In an emergency, please call 911 or go to your nearest emergency room.

Acknowledgment:

I have read and understand the information above. I consent to psychotherapy treatment with Dr. Douglas L. Cohen and agree to abide by these policies.

Signature: _____ Date: _____