

Family Resource and Development Center, LLC

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Treatment Consent and Agreement

The following information outlines the services you will be receiving at Family Resource and Development Center, LLC (FRDC, LLC).

Your FRDC, LLC clinician has the responsibility to ask you questions about you and your family’s history, as well as, your feelings, thoughts, and actions. Your FRDC, LLC also has the responsibility to provide you with direct information about treatment issues, as well as, clinical recommendations. Your FRDC, LLC clinician will assist you in developing appropriate options if you choose to seek treatment elsewhere.

As the client, you also have responsibilities within the therapy process. Honesty within the treatment setting is necessary if treatment is to be beneficial. The continuation of care may be effected if you are not honest in therapy. It is your responsibility to attend scheduled appointments and co-payments/session fees are due at the time of service. Upon request, you will be provided with a statement of services that can be submitted by you to the insurance company. FRDC does not contract with any insurance companies to provide therapeutic services.

If you need to cancel an appointment, it must be done with 36 hours advanced notice. If this does not occur, a cancellation/ “no show” fee will be billed to you personally. Three or more late cancellations/”no shows” may result in the discontinuation of care. Furthermore, if treatment does not occur consistently despite clinical recommendations, you may also be discharged from care.

Any additional services that are requested (ie. written recommendations, PPT’s, contractual work such as PMT, court testimony, etc.) will be billed to you personally and based on an hourly fee. Requests to audio/video record sessions must be approved by a managing partner of FRDC, LLC.

The confidentiality of your records is valued greatly. Please review the “Notice of Privacy Practices” you are receiving and identify any concerns/questions you may have. If information regarding the safety of a client or any other person is brought to the attention of FRDC, LLC, we are mandated by law to report this information to the appropriate agencies, regardless of written authorization. In particular situations, information must be provided to the necessary staff within FRDC, LLC. The appropriate staff within FRDC, LLC will have access to client records and will facilitate any necessary communication in the best interest of the client.

I have read the above information and by signing this form I accept and agree to all of the stated responsibilities and arrangements.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date