

**2022 CONSENT FOR OUTPATIENT, INTENSIVE and/or RESIDENTIAL PSYCHOTHERAPY, INCLUDING ART PSYCHOTHERAPY, for MENTAL ILLNESS, ADDICTION and/or TRAUMA and DISSOCIATION.**

**CONTRACT**

E. HITCHCOCK SCOTT, PhD, LPCC917, NCC, LAADC, ICRC, ATR, REAT

Success in counseling is a shared responsibility between the counselor and client, therefore, this information is provided to you to make clear the nature of our professional relationship. The counselor-client relationship differs from most other professional relationships, and as a result, agreement on the following is necessary for you to receive the most out of our work together.

In the state of California, Ericha Scott, PhD provides psychotherapy for individuals, couples, families or groups to remediate symptoms of distress. She is also dually certified and licensed as a chemical dependency counselor to work with chemically addicted adults, their family members and significant others. Dr. Scott has been granted an additional registration, by the California Board of Behavioral Health, to provide marriage and family therapy.

In the course of psychotherapy, an individual client may invite family members (considered to be collaterals by the board) to participate as a guest to the counseling session to help provide a cohesive history or description of the reason for the need for treatment. This practice is good quality standard of care. If Dr. Scott is initially sought to provide couples or family counseling, and it is determined that one or more members of the couple or family need individual sessions, she will refer the individual to another practitioner for individual treatment in order to protect the integrity of the couple/family therapy work in process.

Please note that if you are in residential treatment program, or if your treatment is managed by a professional agency, whether I am paid by the

Initial Here \_\_\_\_\_

residential program/management team, or by you personally, I am working as - a/or as if a - staff member of the treatment center team and therefore I provide and receive regular clinical updates to their clinical team for quality care, continuity of care, and team cohesion.

**PURPOSE OF TREATMENT:** The purpose of treatment is to meet your individual, couple, family or group psychotherapy and/or addiction counseling goals, which will be discussed and mutually agreed upon, charted and outlined in the Treatment Plan (TP). Treatment Plans are reviewed periodically, in part of total and you, the client, actively participate in creating and reviewing it. While in treatment for mental health, relational issues, trauma and/or addiction issues you agree to participate in individual, joint, couple, family and group sessions - as needed - related to your presenting problems and/or problems that reveal themselves in therapy over time. You will be asked to participate in community support groups such as twelve step or the national alliance of mental illness (NAMI), participating in support groups enhance and reinforce your healing process.

I use a variety of counseling modalities, including but not limited to, traditional talk counseling (i.e., active listening, reflection, reframing, summarizing, confrontation, & intervention), guided imagery, experiential and creative arts processes (i.e. visual arts, poetry, lyrics for songs, acting/ role play, psychodrama, sand play & journal writing), with attention to stress and emotions in the body as a potential trigger for relapse via substances or mental illness.

As with any modality, there are benefits, limitations, and risks. The focus of individual psychotherapy will be on issues that you identify upon admission such as mental illness, addiction, trauma, relationship problems, sadness, anxiety, anger, shame, grief and loss.

Regardless of your presenting problems, this author is an integrative psychotherapist and seeks to involve all aspects of the self in recovery - body, mind and spirit.

Initial Here\_\_\_\_\_

If you are requesting treatment for addiction, the focus will be related to the powerlessness and unmanageability of addiction and how to intervene and sustain long-term sobriety. Obviously, there is an overlap between psychotherapy and addiction treatment. Psychotherapy may include self-exploration, gaining insight which may provide relief, healthy expression of emotions, a review of cognitive defense mechanisms and distortions, triggers (possibly for grief, anxiety, anger, depression, and/or compulsions), participation in self-help groups (methods for self-awareness and accountability such as, but not limited to, the 12-steps), spirituality/meditation practices, exploration of dysfunctional family systems, roles and trauma (which includes Adult Child of Alcoholics/Addiction Counseling and Codependency), healthy communication skills, problem solving, healthy life-style, life management skills, psycho-education, aftercare planning, and referral. For those with a dual diagnosis, referrals will be made to a medical doctor, psychiatrist, or an ND who can help manage mental illness with psycho-pharmaceutical interventions.

**THE THERAPY PROCESS: Possible Benefits for Both**

**Psychotherapy and Addiction Counseling:** a better understanding of your goals and values: resolution of the specific concerns that brought you to counseling, relief from intra-psychic distress as you gain enhanced awareness and emotional understanding of yourself; a better sense of your identity; improvement in your relationships with others as you improve; reduction in presenting symptoms associated with mental illness, addiction, trauma and/or dysfunctional family roles or dynamics; greater ability to cope with stress and work through difficulties; improvement in work or school performance; a deeper connection to a spiritual practice of your choice; strengthened self-esteem, and an overall sense of well-being and success.

Working toward these benefits, however, requires significant effort on your part and may result in your experience of considerable discomfort.

Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering, processing and resolving your internal

Initial Here\_\_\_\_\_

experiences and dynamics or significant life events can bring up strong feelings of anger, sadness, fear, shame, etc. and may result in positive changes that were not originally intended. These changes have the capacity to significantly improve the quality of your relationships.

**Limitations and Risks:** no experience of change; feeling worse before feeling better; an increase in feelings such as grief, sadness, anxiety, shame, and anger especially early in psychotherapy and sobriety; feeling better but having increased conflicts with others as you do things differently in a more healthy manner especially with other people who are unwilling to participate in their own healing processes, potential short-term or long-term separation from close friends and family members, relapse in mental illness symptoms, addiction, trauma or dissociative symptoms.

**Theory and Techniques:** The foundation of my practice is built on the theories of Jungian and existential therapies, which includes a search for meaning (Victor Frankl). The differential between Victor Frankl's existential theory and the theoretical orientation of this author, is that she addresses adverse childhood experiences (ACAs), and the impact of those experiences on shaping adolescent and adult belief systems and functioning. This includes various forms of ego-state therapy, from the foundational perspective that a multiple ego-state phenomenon is normative, as defined by many but also, Richard Schwartz's Internal Family Systems, Eric Berne's Transactional Analysis and Fritz and Laura Perls's Gestalt Therapy. I incorporate an integrative multi-model approach (Arnold Lazarus, PhD), since individuals and their problems can be very idiosyncratic and even their ego-state structure may be very individualistic. Existential therapies do not have specific treatment techniques which means that I borrow techniques from several other disciplines. For example, the Post Modernists believe in leveling hierarchal power structures between the client and therapist, this may be handled by a therapist sharing portions of his or her personal narrative in a way that is not common with other theoretical perspectives, but with attention and focus to address the client's needs.

Initial Here \_\_\_\_\_

As part of my therapeutic practice, I use a wide variety of techniques, including but not limited to, journal, poetry, lyric, and screen play writing, creative and expressive arts psychotherapies, sand play therapy, cathartic work (emotive), meditation practices, guided imagery, and narrative story telling. Additionally, there will be a review of individual/family history, roles, covert and overt belief systems, family and cultural dynamics (functional and dysfunctional), and religious influences.

NOTE: the meaning of art images and symbols are idiosyncratic (personal, familial and cultural) and are not commonly used effectively for assessment for mental illness, addiction, or in a trial setting.

You, the client, have a right to question and/or refuse any counseling interventions, suggestions or directives.

## **CONFIDENTIALITY OVERVIEW AND CLIENT RIGHTS**

This information you give me during a session is strictly confidential. It will not be divulged to anyone unless you have given me verbal and/or written permission, with the following exceptions:

- My services were sought or obtained to enable or aid anyone to commit or plan to commit a crime.
- I have reasonable cause to believe that you are in such a mental or emotional state as to be dangerous to yourself, another person, or the property of another unless we come to some resolution by the end of the session. The disclosure of this information is to prevent threatened harm and to maintain your safety and the safety of others.
- I suspect or have evidence that a minor child (under 18) is currently the victim of abuse or neglect. Child abuse means a physical injury, other than accidental, inflicted on a child by an adult or other person, sexual assault, cruel punishment, or severed abandonment, and/or severe neglect.
- I suspect or have evidence of abuse, neglect, or abandonment of a dependent adult or an elder adult.

Initial Here \_\_\_\_\_

- I am ordered by a court of law or the Patriot Act to disclose information. If I am ordered by the Patriot Act to disclose your personal information, I am not allowed to disclose that contact or disclosure with you.
- Telephone conversations, emails, texts, and face to face video conferencing (any form of online communication) are not as confidential as one-on-one face-to-face counseling in an office setting. Since the Coronavirus pandemic, HIPAA laws have been relaxed, yet the issue remains. I recommend that you use Telegram or What's App for text/email/phone calls and/or the Apple FaceTime service which are fully encrypted end to end.
- Although my computer is stored and securely locked away, password protected and my [artspeaksoutloud.org](http://artspeaksoutloud.org) emails are encrypted which protects your confidential information, confidentiality cannot be guaranteed to the same level as in a private office setting. Please note that you assume the risks of the use of these forms of communication. If you do not wish to use email, texts, online video communication, then please let me know in writing. If there are technological difficulties with these forms of communication, please call me on my cell at 310-880-9761 or call my colleague Dr. Don Grant, 818-216-8778.
- In order to provide you with the best possible treatment experience, I participate in consultations and trainings with other professionals, including but not limited to Steve Frankel, PhD, JD. Unless there is an emergency situation and/or I obtain written authorization from you, identification of your case will be by circumstance, rather than by name. By signing this document you agree to allow this author to discuss you, your history, your diagnoses, to have your art work shown and discussed in case management, consultations, trainings or lectures with other professionals who are also bound by the laws of confidentiality. Your identity will be disguised in all settings unless you give me permission to share it with my consultant lawyer.

Initial Here\_\_\_\_\_

- Dr. Scott does not need a consent to release confidential information to discuss your treatment plan updates and/or operations with professionals on your treatment team and/or staff with your treatment team, especially if you reside in a treatment center or an official residential sober living environment.

- I do not share personal social media pages such as Facebook with clients, where a friend list is established, unless the client has been out of a counseling relationship with this author for a minimum of two years. You may be able to sign up for a professional page that does not allow screening, but this is not encouraged, and if your profile is found the link will be blocked. If you access my social media with a fake identity, this is a potential cause for termination of our therapeutic relationship.

- If, by chance, we meet in public, this author will not approach you or act as if we know each other. This may look impolite, but this response is to protect your confidentiality. If you choose to violate your own right to privacy and confidentiality and approach Dr. Scott to say hello in a public place, she will greet you if the situation is adequately private. If she feels as if you are being too open about your relationship in a way that might cause you harm at a later date, she will excuse herself from the conversation. This is not a form of rejection, but instead, caring and protection.

- I have read the Privacy and Office Policies of Dr. Scott listed in detail in this document.

- I have been informed of HIPAA laws of confidentiality. I have received information about how my confidential, private and privileged information is handled.

- *Please respect the confidentiality of others seen or met in the counseling office, lobby, hallway, or group sessions. If the confidentiality of other clients in the waiting room or group sessions, is not honored, this may be a justification for termination of our counseling arrangement.*

Initial Here\_\_\_\_\_

**OFFICE POLICIES:  
FEES, PAYMENT, AND APPOINTMENTS**

**Fees and Length of Therapy •**

I agree to enter therapy with E. Hitchcock Scott, PhD, LPC917 for either one hour which equals a 53 minute session, or one hour and a half which equals 80 minutes or 1:20 Hrs, or a two hour session which equals 106 minutes or 1:46 Hrs, or a three hour session which equals 159 minutes or 2:39 Hrs (equals 1, 1.5, 2, 3 Hrs) weekly, biweekly, or more sessions during the next \_\_\_\_\_ to seven years.

There are special requirements if I enter therapy with Dr. Scott for the primary purpose of engaging in creative arts intensives for 2-5 days, from 1-5 PM, two to four times a year. If you are engaging in this type of arrangement then you are required to have another therapist for weekly sessions for safety and continuity.

I, the client, agree to pay the standard professional fees charged which will be \$350.00 for a standard 53 minute session (1 Hr), and \$525.00 for each 80 minute session (1.5 Hrs). Fees may be periodically adjusted and clients will be notified in advance of the adjustment. Brief professional services, including telephone conversations, are billed at \$87.45 per 15 minutes, or any part thereof. “I, the client, will make payments in cash, check, or Zelle prior to the time of the therapy appointment, unless we have made other arrangements.

I understand that I can leave therapy at any time and that I have no financial, legal, or moral obligation to complete the maximum number of sessions listed in this contract. I am contracting only to pay for completed therapy sessions and telephone time, or session(s) I miss without providing 48-hours notice in writing” \_\_\_\_\_.

Dr. Scott recommends that you cancel sessions via email, not text or phone, for documentation, confidentiality and privacy reasons. Please let Dr. Scott know if you have a preference for telephone, text or email

Initial Here \_\_\_\_\_



responses. For the purpose of booking or canceling sessions, the client agrees to waive any confidentiality and privacy protections.

**ADDENDUM:** This therapist is not an expert witness for court testimony, therefore she will not voluntarily participate in any litigation of any kind, including custody dispute, in which the client or patient and another individual, or entity, are parties. This therapist has a policy of not communicating with the patient/client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a patient's legal matter. This therapist will generally not provide records or testimony unless compelled to do so. Should this therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a patient or client, the patient or client agrees to reimburse this therapist and/or her office for any time spent for preparation, travel, lodging, or other time in which this therapist has made him/herself available for such an appearance at therapist's usual and customary hourly rate of \$350.00 an hour. Assessments and reports are billed at \$350.00 per hour. Professional fees will be assessed at the rate of \$350.00 per hour (even if you have a scholarship with Dr. Scott for psychotherapy), or any part thereof, for any services related to litigation, defense, or other court or case-related activities. Such activities include interviews, evaluations, research, reports, correspondence, testimony, letters, communication with attorneys, travel, and on-site time. In case of overnight travel, the maximum professional daily rate will be \$3,500.00 which does not include expenses. Incidental expenses for professional services, such as, but not limited to, cost of travel, lodging and meals, will be billed to the client or his or her attorney.

Initial Here \_\_\_\_\_

**OFFICE HOURS:** Tuesdays and Thursdays from 4:00 PM till 9:00 PM if there are appointment times available. Creative Arts Intensives are generally held on weekends.

**PAYMENT OF SERVICE:** You are expected to pay for services before service is provided or at the time they are rendered, unless other

Initial Here \_\_\_\_\_

arrangements have been made. Please notify me in advance if any problem arises with regard to your ability to make timely payments.

\$350.00 for 53 minute session, \$525.00 for 80 minute session, due in advance or at the time of the date of service.

If you have been granted a scholarship due to need or a professional courtesy, I request that you do not share your discount with others. Doing so may result in the loss of your discounted rate or scholarship.

Please pay or have a check made out before session and arrive on time so we are able to spend the whole 53 or 80 minutes for our work together.

**INSURANCE REIMBURSEMENT:** Clients who carry their own insurance will bill their own insurance. I do not bill insurance, nor do I accept payment from them. However, if requested I will provide a super bill for each check, or a periodic billing statement for you to submit to your insurance company or use as a tax write off. Insurance agencies will not reimburse for missed appointments, fees for missed appointments will always be out of pocket. By signing this document you agree to billing via email or the USPO.

Periodically, there are times I grant financial grace or scholarship. It is the author's prerogative to give grace to a client or not depending upon your level of progress in counseling, need, or circumstance. Please note, if you request a full scholarship or weekly discounted rate, then you must provide the most recently filed tax return, the year prior, for consideration.

**SESSIONS GREATER THAN SCHEDULED:** 53-60 minutes for an hour session or 80-90 minutes for an hour and thirty minute session will be prorated to the nearest quarter hour, unless other arrangements have been made.

**CANCELLATIONS:** Missed appointments without 48 hours notice will be charged the full fee; messages can be left at [ehitchcockscott@me.com](mailto:ehitchcockscott@me.com), or 310-880-9761 - 24 hours a day. An email is best for documentation of

Initial Here\_\_\_\_\_

the time of cancelation. Please avoid texts, as they are less secure. Insurance companies will not reimburse for missed appointments.

**TRAUMA:** Due to the nature of memory, especially trauma memories, whether explicit or implicit, absolute veracity cannot be determined to have happened or not by Dr. Scott. This is true, even without a history of psychosis. The Greek root for the word trauma means wound. In this case, the word wound may refer to childhood trauma, domestic violence, medical abuse, accidents, car wrecks, national or weather disasters, or any form of harm that results in a wound, whether psychological or physical.

Physical verification of a felt sense or doubted experience of early childhood trauma is not necessary for the success of treatment. Processing trauma, as internally experienced, can provide relief, and like many counseling processes and techniques, can also escalate symptoms before providing relief. This author will encourage you to explore all options, a variety of professional services and providers, as well as the pros and cons of trauma treatment and various levels of care, as you make sense of your history, internal world and integration.

**TELEPHONE TIME:** Standard fee listed above for telephone calls, consults, written reports, and travel. Telephone messages left for Dr. Scott at 310-880-976, after working hours or late in the day, will be returned the next day. Weekend calls will be returned on Monday.

Unpaid bills over 30 days due, or 30 days after receiving the billing statement, will be forwarded to a collection agency.

## TERMINATION OF SERVICES

You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you have already incurred. If you do not revoke your consent, your consent and releases of confidential information will automatically expire one year after the last counseling session attended, unless otherwise specified.

Initial Here \_\_\_\_\_

As your counselor or consultant, I am able to end our professional relationship, if I believe it is in your best interest, and also for the following reasons: 1) When I believe that therapy or consultation is no longer beneficial to you, 2) When I believe another professional will better serve you. 3) Nonpayment of Fees one month past the date of receiving the billing statement, (unless special arrangements have been made in writing), 4) If you miss three sessions in succession without canceling within 48 hours notice range then our counseling relationship may be automatically terminated. 5) Ethical Conflicts, 6) If I determine after the first three sessions that I cannot help you, I will assist you in finding a professional qualified to better meet your needs. If I have a written consent, I will provide that professional with information they request.

There may be other reasons later in treatment that a client is not making progress in Counseling or Consulting and if so, at that time, we will discuss together the possibility of termination and referral, but this author may need to make the final decision. Other reasons for termination may include 1) Counselor Illness, Retirement, Geographical Move, The Transfer of Ownership or Selling of the Practice, or Personal Problem 2) Your violation of the Confidentiality of Other Clients in the Counseling Practice of Dr. Scott. 3) If the client makes any threats implied or verbalized against the safety of this author, family members, colleagues, other clients, or pets, as well as threats, implied or otherwise, against personal property. Covert threats of violence may include arriving at my home residence, stalking of any kind (including the internet), bringing a weapon to the office, inquiry about whether I keep weapons at the office. 4) Acts of Violence, no matter how small.

Termination is an important part of the treatment process, regardless of how many sessions you have attended. You have a right to close in the most effective manner, so please advise me of your intent to leave counseling, instead of just not returning. Due to the fact that people tend to leave counseling just before a relapse or as painful patterns or trauma mental illness arise, if possible, please schedule three appointments for healthy communication, intervention, resolution, time to develop an

Initial Here\_\_\_\_\_

aftercare plan and closure. Termination over the telephone is not advised and may block your ability to return to this practice.

If you have any questions about my practice, or if due to sudden illness or other problem I am incapacitated, please call Don Grant, PhD at 818-216-8778, or Steve Frankel, PhD, JD at 925-943-6175 and they will help you.

## **EMERGENCIES**

**EMERGENCY PROCEDURES:** An emergency is an unexpected event that requires immediate attention and can be a threat to your health.

If there is an emergency of any kind, personal or otherwise, please call 911. If you leave an emergency telephone message for Dr. Scott, please say so in the message and I will return your call as soon as possible. If I have not called you back within sixty minutes or sufficient time to intervene upon the crisis (which ever comes first), and the emergency persists, and the emergency requires it, please call 911, or your physician, and/or admit yourself to the nearest hospital for observation. Please let me know where you have been admitted to a hospital so that I am able to lend support during your stay.

The nature of this practice is that of outpatient private practice or independent contractor psychotherapy and addiction services. This assumes that all clients are self-responsible, e.g., functioning and not in need of day-to-day supervision, or they are living in a residential program under 24 hour staff supervision. I cannot assume responsibility for your day-to-day functioning. Again, in case of emergency and I am not available, please call 911, and then leave me a message about the nature of your emergency and if hospitalized - where you have been hospitalized. If you are living in a residential program and you do not feel safe, ask for staff help, and if you do not feel adequately supported by staff please do not hesitate to CALL 911.

As part of your self-care and healthy functioning, I support and encourage you to develop and use a support system outside of counseling that you can rely on when the need arises. I strongly recommend twelve-

Initial Here \_\_\_\_\_

step program participation, a sponsor, and working the 12-steps or some form of personal growth via a social group. The national alliance of mental illness (NAMI) is another good supportive agency for people in counseling.

For a 12-step meeting close to you:

Alcoholics Anonymous (A.A.) <https://www.aa.org>; Cocaine Anonymous (C.A.) [www.ca.org](http://www.ca.org); Narcotics Anonymous (N.A.) [www.na.org](http://www.na.org); Codependency Anonymous (CODA) <https://coda.org>; Adult Children of Alcoholics and Dysfunctional Families (ACAD) <https://adultchildren.org>; For access to a variety of groups - <https://12stepnationalmeetings.com/anonymous-groups/sex-and-love-addicts-anonymous/>.

These 12-step web sites offer lists of meetings (online meetings and times), and a way to email the organization with questions.

If you need a more complete list of referrals please check out the online resource page at [www.drerichascott.com](http://www.drerichascott.com). ONLINE LINKS TO A VARIETY OF GROUPS:

- [Al-Anon](#)
- [Alateen](#)
- [Alcoholics Anonymous](#)
- [Clutterers Anonymous](#)
- [Co-Anon](#)
- [Co-Dependents Anonymous](#)
- [Cocaine Anonymous](#)
- [Codependents of Sex Addicts](#)
- [CoSex and Love Addicts Anonymous](#)
- [Crystal Meth Anonymous](#)
- [Debtors Anonymous](#)
- [Eating Disorders Anonymous](#)
- [Emotional Health Anonymous](#)
- [Emotions Anonymous](#)
- [Families Anonymous](#)
- [Food Addicts Anonymous](#)
- [Food Addicts in Recovery Anonymous](#)

Initial Here \_\_\_\_\_

- [Gam-Anon/Gam-A-Teen](#)
- [Gamblers Anonymous](#)
- [Marijuana Anonymous](#)
- [Nar-Anon](#)
- [Narcotics Anonymous](#)
- [Neurotics Anonymous](#)
- [Nicotine Anonymous](#)
- [Online Gamers Anonymous](#)
- [Overeaters Anonymous](#)
- [Pagans In Recovery](#)
- [Parents Anonymous](#)
- [Pills Anonymous](#)
- [Schizophrenics Anonymous](#)
- [Self Harmers Anonymous](#)
- [Sex Addicts Anonymous](#)
- [Sex and Love Addicts Anonymous](#)
- [Sexaholics Anonymous](#)
- [Sexual Compulsives Anonymous](#)
- [Smokers Anonymous](#)
- [Survivors of Incest Anonymous](#)
- [Workaholics Anonymous](#)

**COUNSELOR CREDENTIALS:**

I have read this entire Consent for Treatment, which includes, but is not limited to, information regarding Dr. Scott’s Fees, Exceptions to Confidentiality, Duty to Warn, Telecounseling/Telehealth Consent, Counseling Limitations and Risks, Office Policies, Termination Policies, HIPAA Privacy Policies, and Intake Questions consisting of a total of 17 pages, and I understand and I agree to these arrangements. I also agree to meet all financial obligations that I incur in my treatment and to take care of all professional fees as described earlier in this document.

I request the professional counseling services of E. Hitchcock Scott, PhD, LPCC917, ATR, REAT. She holds 5 licenses in 3 states, in the state of California, Dr. Scott is a Licensed Professional Clinical Counselor (LPCC) and a Licensed Alcohol and Drug Counselor

Initial Here\_\_\_\_\_

(LAADC - a non-governmental license), in Arizona (LPC and LCDC - active), and in New Mexico (LPC - inactive status).

She is also a nationally certified counselor (NCC, by the NBCC), a registered art therapist (by the ATCB), a registered expressive arts therapist (REAT), and a certified interfaith spiritual director (by Tacheria, Tucson, Arizona).

Due to the fact that my office might be moved from room to room in a treatment center on a regular basis, a copy of my license will be shown to you our first session and anytime thereafter upon request by you. If you participate in counseling at my private practice office the license is on posted the wall as you enter the room.

Dr. Scott has 38 years or professional experience providing services to those with mental illness, chemical addictions, character disorders, complex trauma, and dissociation. She has been trained by and worked with several renowned leaders in the field of addiction and mental health. Please see her web site for a more complete biography, blog and resume at [www.drerichascott.com](http://www.drerichascott.com).

I have been shown a copy of her license which is displayed on Dr. Scott's office wall and/or a copy has been shown to me in session. I am aware that Dr. Scott's Consent to Treatment with Office Policies is posted on her web page, [www.drerichascott.com](http://www.drerichascott.com), and on the front of her office door.

The first 3-5 counseling sessions are to gather a complete client list of problems and life history in order to determine whether or not this counseling arrangement is a good match for your needs. If not, you will be given two or three referrals and/or returned to your referent for follow up care.

**Consent for Treatment:** I have read the 17 page document....

I (PRINT) \_\_\_\_\_  
authorize and request that E. Hitchcock Scott PhD, LPCC917 (Ericha),  
to carry out assessments, psychometric examinations, diagnostic

Initial Here \_\_\_\_\_



procedures, psychotherapy, treatment, referrals, which now or during the course of my care as a client are advisable.

I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment which is confirmed by my signature.

Print Client Name: \_\_\_\_\_

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

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

*You may have a copy of this form. Please Complete: PRINT FULL NAME, MAILING ADDRESS, EMAIL, & PHONE NUMBER, SOCIAL SECURITY NUMBER, COPY OF DRIVER'S LICENSE OR ANOTHER FORM OF I.D.*

Initial Here \_\_\_\_\_