

Emily Malcoun, PhD  
2789 Bridle Road  
Bloomfield Hills MI 48304  
*Licensed Psychologist*

### CONSENT TO ASSESSMENT/ TREATMENT

I, \_\_\_\_\_ consent to be evaluated and/ or treated by Emily Malcoun, PhD. I understand that my participation in this assessment and possibly treatment is entirely voluntary and that I may discontinue the assessment or treatment at any time. If I wish to withdraw from the assessment/treatment, I can discuss other options with my therapist. The confidentiality of my records will be maintained, except with by my written release or as may be required by court order or by law. I am aware that information about me may be released without my consent if my therapist believes that I or someone else is in immediate danger of physical harm, or if a child, elder or dependent adult is being neglected or abused, and that releasing the information might make the situation safer.

I understand that communication via email, cell phone text and skype is not guaranteed confidential. If I choose to communicate with Dr. Malcoun using any of these modes of communication, I do so understanding the risk to confidentiality involved.

I am responsible for the timely payment of my assessment and/or treatment fees. **I am aware that 24 hours advance notice must be given to cancel a scheduled session, or I will be billed the full fee for that session.** The fee may be waved or partially charged if there is an emergency or other extenuating circumstances discussed with Dr. Malcoun. I understand that Dr. Malcoun does not accept insurance but will provide me with a receipt that I may submit to my insurance provider if my provider reimburses me for a portion of out-of- network treatment.

I understand that if I need to reach Dr. Malcoun, I am to contact her at (267) 701-7022 and that every effort will be made to return calls within 24 to 48 hours. I understand that if I have an emergency that cannot wait 24-48 hours for a return call, I am to call 911, the National Suicide Hotline at 1-800-784-2433, another crisis hotline, or go to the nearest emergency room immediately.

By signing this form, I agree that I have been given the opportunity to ask questions about this document and that my questions have been answered to my satisfaction.

\_\_\_\_\_  
Signature of patient (14 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emily Malcoun, Ph.D.

\_\_\_\_\_  
Date