

Consent Form

This document contains important information about my professional services and business policies. Once you sign it, you are acknowledging that you understand the type of care you can expect from me and what is expected of you.

- Fees are payable at the conclusion of each appointment (cash, check, MasterCard or Visa), and these fees are fully delineated on this website and in this section - - Section IV entitled Patient Fees and Forms.
- These fees are non-reimbursable, although many patients have found that their company/corporate "flex" plans assist them or they may be reimbursable as "out of network."
- Fees and length of sessions are specified in Section IV.
- At least one week before our first session, please fax all of the questionnaires, documents and forms I request in Section IV of my website to 516-608-6896. That section is entitled "Office Fees and Forms." I would like to review this information in advance in order to provide you with the best care possible. At the same time, please fax the following to me, as well, or have the appropriate doctors' offices fax this material: any tests or reports (for example: blood tests, MRI or CT scans, X-ray reports, ultrasound scans, etc.) that pertain to your complaint(s);
- For our first session, please bring any other material pertaining to your complaint(s) that would provide official and helpful information;
- Information about me, my treatment strategies, testimonials patients have voluntarily offered, office forms, fees, directions to my office, and contact information are provided elsewhere on this website and I advise you to read that material.
- **24 hours notice is required for cancellation of any appointment. If this notice is not given, you will be charged the full office visit fee as listed on the website.**

CONFIDENTIALTY

The confidentiality of all communication between a patient and a health care provider is protected by law. Information about our work may only be released to others with your written permission, with some exceptions.

I am mandated by law to file a report if I suspect that a child, elderly person, or disabled person is being abused. I am also mandated to inform authorities if I believe that a patient/client is threatening serious bodily harm to another. I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens self-harm, I may be required to seek hospitalization for the patient, to contact family members and/or others who can help provide protection.

CONTACTING ME

Because I am usually with a patient when in my office, your call will go to voice mail, which I monitor frequently. When you leave a message for me, please speak slowly and leave the best times and the phone numbers at which I can reach you.

If you are calling me in case of any kind of medical or other emergency and cannot reach me, call 911 or go to your local hospital emergency room immediately.

Your signature below indicates that you have read and that you understand this document and agree to abide by its terms during our professional relationship.



Steven M. Rosman, Ph.D., M.S., L.Ac., L.M.H.C.

Patient/Client Name _____

Patient/Client Signature _____

Guardian Signature (if patient/client is a minor) _____

Date _____