



Informed Consent: Anxiety & Depression

Welcome! Using psychotherapy and functional nutrition therapy, you and I are going to identify some of the root causes to your struggle with anxiety and depression and develop emotional, behavioral and nutritional tools and strategies to better manage this struggle. Whether these root causes are your emotions, gut health, brain health or hormonal health, we will develop a personalized treatment plan specific to your needs.

About Me

I am a Licensed Clinical Social Worker, Licensed Dietitian and a Certified Eating Disorder Specialist practicing in Allen, Texas. With almost 30 years of experience, I have worked in different levels of care for Eating Disorder and Addictions treatment. Now, my focus is working with adults struggling with binge eating and compulsive eating behaviors. My recent training in Functional Nutrition complements my experience as a psychotherapist and nutrition therapist. This training will help me plan interventions for the other root causes triggering your binge eating and compulsive eating behavior.

About Treatment

In our treatment plan we will list our goals and the methods we will use. We will evaluate our progress and change our treatment plan as needed.

I may recommend you consult with another professional if there is a treatment that I cannot provide. I will fully discuss my reasons with you and coordinate services with other treating professionals.

As an ethical therapist, I cannot continue to treat you if you are not satisfied with any area of our work. Please raise your concerns with me as soon as possible.

About Our Relationship

I believe you should feel comfortable with the professional you choose because when you know what to expect, treatment is more likely to be helpful to you.

State laws and the rules of the National Association of Social Workers (NASW) require me to keep what you tell me private and confidential. Please review the HIPPA Policy handout.



Financial Policies: About Our Appointments

Sessions are offered in office and online via Doxy.me at the following rates:

Psychotherapy:

Initial Assessment (90 minutes): \$200.00

Follow Up (50 minutes): \$150.00

Functional Nutrition Assessment (Includes Nutrition Therapy Assessment):

Initial Assessment (90 minutes): \$300.00

Follow Up (50 minutes): \$150.00

Dual Assessment (Psychotherapy and Functional Nutrition Assessment): 3 hours - \$450.00

Prepaid Packages of sessions are available and will be discussed at the time of the assessment.

Telephone or in-office extended sessions may be needed at times in our therapy. If so, there will be a charge of \$25 for every additional 15 minutes.

Forms of payment accepted at Healthy Lifestyles, PLLC include:

Cash/Check/Credit Card

Using your login and password, you will be able to access your receipt and Superbill via your email address. Please use this to file any out-of-network claims with your health insurance company.

Cancellation Policy:

Your scheduled session time is reserved for you. You will receive a reminder 48 hours before your scheduled appointment. If you need to, you can cancel and reschedule your appointment using your login and password. Please note that you will be charged for missed sessions and those cancelled with less than 24 hours notice. However, this cancellation policy will not be enforced for unforeseen circumstances.

I understand and agree to the above financial policies and will only be charged if I do not meet these cancellation policies. I agree for the following credit card information to be securely filed and used for late cancellations/no shows. _____ (Initial here)

Credit Card # _____ Type _____ Exp. Date _____ CCV: _____

- In the event I do not meet these commitments, I understand my accounts may be subject to collections.



- I understand that preparation of forms and reports (for disability, schools and court time, etc.) will also be billed to me at a rate of \$25 per 15 minutes spent.

Emergency Contact Information

I understand Nimisha Patel does not guarantee she will be available at all times and will return voicemail or email messages daily except on weekends and scheduled absences.

If I have a behavioral or emotional crisis and cannot reach Nimisha Patel, I understand I should call my family or other social supports listed below as well as emergency services (911). If necessary, I will go to the nearest hospital emergency room.

Emergency Contact Name: _____ Relationship to Client: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____
Mobile Phone: _____
Work Phone: _____

Statement of Understanding

I voluntarily consent to mental health ____ and/or nutrition therapy ____ with Nimisha Patel, LCSW, RD/LD, CEDS, the owner of Healthy Lifestyles PLLC.

I have read and understand the above information and accept the terms in this Informed Consent.

I, Nimisha Patel, LCSW, LD, CEDS have met with this client and have discussed the information in this Informed Consent. I have responded to all questions and believe this person fully understands the issues discussed.

Signature of Client

Date

Signature of Therapist

Date

___ Copy accepted by client

___ Copy kept by therapist