

Leonard J. Sommer, Ph.D.
1 Washington Street, Suite 305
Wellesley Hills, MA 02481



Patient Information

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ e-mail _____

Employer _____ Occupation _____

SS# _____ Date of Birth _____

Marital Status _____ Spouse's Name _____

Spouse's DoB _____ Spouse's SS# _____

Insurance Co. _____ Subscriber _____

Identification # _____ Group # _____

Referred By:

Person financially responsible if other than above:

Name _____

Address _____ City _____ Zip _____

Please Read the Following Carefully

All professional services are charged to the patient and due at the time of treatment, unless other arrangements are made. If you have Medicare insurance my office will submit your claims. In the event the carrier does not honor your coverage, all charges will be transferred to your account and are payable by you. Your signature below indicates: (1) acceptance of financial responsibility for any charges incurred by you; (2) an authorization for me to release information to insurance carriers or other institutions for the purpose of claims processing; (3) and that you have read the section on Privacy Practices. (4) ***It further indicates an understanding that your account will be charged at the prevailing per session rate for all appointments missed or cancelled with less than 48 hours notice.***

Thank you for providing this information.

DATE _____ SIGNATURE _____

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Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

DATE _____ SIGNATURE _____