



## INFORMED CONSENT

### Clinician responsibilities to you

- I. Confidentiality.** I will not disclose what you tell me, or even identify you as my patient without your prior written permission. You may give me permission to share information and you can change your mind and revoke that permission at any time. If you elect to communicate with me using technology (email, voicemail, text message) please be aware that the security of this communication can be limited. The following are legal exceptions to confidentiality: 1) If you are about to seriously harm someone, 2) If a child is being harmed, 3) If I you are in imminent danger of harming yourself. In these situations I may be required to seek help – and will generally discuss this with you first. For a minor, the parent has a legal right to information regarding treatment. I request that parents allow me to exercise judgment regarding what is shared as often treatment progress increases with privacy. Agree Decline
- II. Record-keeping.** I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. You have the right review your file. I keep these files locked and secure.
- III. Diagnosis.** If a third party such as an insurance company is paying for part of your bill, I am required to give them a diagnosis in order to be paid. Diagnoses are technical terms that describe the nature of your problems. All of the diagnoses come from a book titled the *DSM-V*. I have a copy in my office. You may review it if you wish.
- IV. Other Rights.** You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not a good fit for you.
- V. Managed Mental Health Care.** If your therapy is being paid for in full or in part by a managed care firm, they may limit the number of sessions, or set a time period to complete treatment. They may ask for treatment updates.
- V. Potential Risks and Benefits.** The potential benefits of therapy for many people include: Reduction in problematic symptoms, enhanced coping, development of new skills, increased quality of relationship, greater satisfaction with life, increased self-understanding and self-acceptance. Therapy also can be difficult. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be difficult and disruptive. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

**VI. Ending Treatment.** You and I will normally discuss when therapy should end, although you may terminate at any point. However, I may unilaterally terminate treatment for the following reasons. 1) If we have contracted for a specific short-term piece of work, treatment will end at the end of the contract. 2) If I believe I am not able to help you, because of the kind of problem you have or because my training and skills are not appropriate. 3) Threats, harassment or violence to myself, the staff, or family, or 4) consistent failure to pay for treatment and/or fail to make appropriate financial arrangements. In each case, I would attempt to offer referrals for care.

**VII. Out of Office.** I am away from the office several times in the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief phone calls during normal business hours. If you are experiencing an emergency, please call a crisis clinic. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest emergency room.

## Your responsibilities as a client

**I. Attendance.** You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. I cannot bill these sessions to your insurance. The only exception to this rule about cancellation is if you would endanger yourself by attempting to come, or if you or someone you care for is suddenly ill. If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual.

**2. Participation.** You are an active participant in your treatment. I will rely on you to help me learn what topics are most important and to alert me to meaning and impact of our work. This will help me better understand and fit therapy to your needs. I want to know how you feel about your treatment, reactions you have to our work together, and to let me know if and when I am off-track or missing a key point. Closely collaborating, allows me to address your deepest needs, feelings and concerns, which will ultimately result in more accurate and rewarding treatment.

**3. Payment.** You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session is \$175 for 45 minutes and \$190 for 60 minutes. Phone interaction of less than ten minutes is normally free. However, if I spend more than 10 minutes per week talking on the phone, reading and responding to emails, or doing other correspondence on your behalf, I will bill you on a prorated basis for that time.

**4. Providing Insurance Information.** If you to use insurance benefits to pay for your therapy, you are responsible for providing me with necessary information for my billing company to send in your bill. You must provide me with your complete insurance identification information, and the complete address of the insurance company. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency and consistent failure to pay your bill could result in termination from treatment.

I \_\_\_\_\_ agree to the above rights and responsibilities and give my voluntary consent to engage in psychotherapy. I have had an opportunity to ask questions and have access to brochure regarding client rights and grievances. I understand I may withdraw my consent and terminate treatment at any time.

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Client/Guardian Signature

Date

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Psychologist Signature

Date