

### INFORMED CONSENT FOR PSYCHOTHERAPY

**PSYCHOLOGICAL SERVICES** THErapy I provide psychotherapy for individual, couple, and family. Individual therapy is offered for 50 minutes, and a 75- or 90-minute session is recommended for a family or couple. Therapy is a process of self-learning. While therapy may invoke intense feelings that are unpleasant or uncomfortable at times, it can help alleviate symptoms and develop more adaptive ways of handling current problems. ASSESSMENT I offer psychological assessment for various purposes, including a diagnostic clarification and treatment planning.

**CONFIDENTIALITY** I am dedicated to protecting your privacy to the best of my abilities. I will not reveal any information about you to anyone without your written permission. However, there are some important exceptions to this rule. I will have to break confidentiality if I assess you to be in imminent danger to yourself or others; or I suspect any child abuse or elderly abuse or neglect. When you file a worker's compensation claim or court mandates a release of information, I may need to break confidentiality.

**PROFESSIONAL FEES** Payment is expected to be made at the beginning of each session. In addition to regular appointments, I charge prorated amount of the hourly fee for other needed professional services (e.g., telephone calls lasting longer than 10 minutes, sessions longer than 50 minutes, collateral contacts, a review of documents, report writing per request etc.). Cash and checks are accepted forms of payment at this time. Should there be any problems clearing your check, there will a returned check fee of \$25.00. THErapy I charge \$150 for a 50-minute session, if not other arrangements are made, and sessions that vary in duration are prorated. ASSESSMENT My hourly rate for assessment is \$150. Assessment begins with an initial clinical interview which typically take 60 to 90 minutes. Shortly after the interview, I will notify you of the estimated hours for the completion of the assessment, which encompass all my professional services, including in-person testing hours, scoring and interpretation of test results, a review of relevant documents and collateral contacts (if necessary), report writing, and a feedback session. It is expected that you pay the half amount of the estimated fee at our second meeting; if not, I won't be able to proceed with further assessment. If the initial estimation is subject to adjustment based on my actual time spent for the evaluation, I will inform you before a feedback session. LEGAL If you are involved in legal proceedings that require my participation, you will be responsible for all my professional time, including preparation, transportation, and court appearance (including a wait time), and this applies even to occasions of me being called to testify by another party.

**INSURANCE REIMBURSEMENT** I am not currently contracted with any insurance providers, but per your request, I will gladly assist you as an "out of network" provider within my ability. Of note, most insurance companies require psychologists to provide them with certain information regarding their client's treatment (e.g., diagnosis, treatment plan, treatment summary).

**CANCELLATIONS AND LATENESS** If you wish to reschedule or cancel your appointment, it is important that you notify me at least 48 hours in advance to avoid being charged for a full fee for missed sessions or late cancellations. For clients receiving assessment services, a fee of \$150 will be charged for no show or late cancellations.

**CONTACTING ME** I may not be immediately available by phone and I do not offer crisis interventions. I check my voicemail on a regular basis and usually make a return call within 24 hours with the exceptions of weekends, holidays, and during pre-arranged trips. If you are in a life-threatening situation requiring immediate attention, please be sure to call 911 or proceed to your nearest emergency room immediately.

**COMPLAINTS** When you express your concern or complaint regarding my services, I will take your concern seriously and respond with care and respect. If you still feel that your concern is not properly received, or you believe that I have behaved unethically, you have the right to contact the California Board of Psychology (1422 Howe Ave, Suite 22 Sacramento, CA 95825, 1-866-503-3221).

**BY SIGNING ON THIS FORM, I ACKNOWLEDGE THAT I HAVE FULLY UNDERSTOOD THE ABOVE INFORMATION AND AGREE TO COMPLY WITH ITS TERMS.**

\_\_\_\_\_  
Client Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date