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## **CONSENT TO TREATMENT**

**WELCOME:** Psychotherapy is unique in that it is highly personal work and, at the same time, involves a contractual agreement. It is important that you have a clear understanding of how the therapeutic relationship can work and what each of us can expect.

**LIMITS OF CONFIDENTIALITY:** Therapy sessions between a psychologist and a patient are strictly confidential (barring supervision/consultation by a licensed psychologist) except under certain legally defined situations involving threats of self-harm or harm to another, and cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of self-harm, I am ethically bound to inform those in a position to help, or to otherwise enlist methods to prevent self-harm or suicide. In the case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In instances of child abuse, elder abuse, or dependent abuse, I must notify the appropriate social service agencies. Other situations that require me by law to reveal information about you to others without your permission include a legitimate subpoena by a court of law if you are being treated or tested by court order.

**PSYCHOLOGICAL SERVICES:** Psychotherapy has both benefits and risks. The benefits are specific to each individual and may include the resolution of specific concerns that led you to seek therapy, lessening of distressful feelings, symptom reduction, and improved relationships with others. Working toward these benefits requires active involvement on your part. Remembering or talking about unpleasant events, feelings, or thoughts may result in experiencing discomfort and strong feelings. For these reasons, it is possible to experience an increase in symptoms during the course of treatment.

**COORDINATION OF CARE:** It is often helpful to address mental health concerns through multiple methods of treatment (i.e., therapy and medications). It is your duty to notify me, both at the outset of treatment and ongoing, if you are receiving treatment of any kind which relates to our work together. If I determine that communication between me and your other providers would be beneficial, I may ask you to sign a "Release of Information" form granting me permission to release or exchange information and records pertaining to you and your treatment.

**PAYMENT AND FEES:** You are expected to pay for services at the time of each session and we will agree upon a fee at the outset of treatment. In addition to regularly scheduled appointments, I charge my hourly rate (pro-rated) for other professional services you may need. Such services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request of me. Payment for services which are past due over 60 days may be subject to collection through the use of a collection agency. In the event I incur costs to collect fees, those costs will be the responsibility of the patient. However, efforts will be made to make other arrangements with you if possible. You are financially responsible for any fees/charges associated with returned checks.

**THIRD PARTY INSURANCE:** I am not part of any insurance panels. If you intend on using your insurance to pay for your treatment, you are responsible for paying me directly at the time of service and then arranging for reimbursement from your insurer. However, if requested, I will provide you with a monthly invoice with all the necessary information that you can submit to your insurance company for reimbursement.

**APPOINTMENTS AND CANCELLATION POLICY:** Individual sessions are 50 minutes in length. The time scheduled for your appointment is assigned to you and you alone. *If you need to cancel or reschedule a session, I ask that you provide me with **48 hours** notice, or you will be financially responsible for the missed session.*

**ELECTRONIC COMMUNICATIONS:** I cannot ensure the confidentiality of any form of communication through electronic media, including text messages and email. Many of these common modes of communication put your privacy at risk and can be inconsistent with the law and with the standards of my profession. I use texting and email communication only for administrative purposes, such as issues regarding scheduling or cancellations. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

**SOCIAL MEDIA:** I also do not communicate with or contact any of my patients through social media platforms like Twitter and Facebook.

**TERMINATION:** You have the right to terminate therapy at any time; however, planned termination can be a valuable part of the therapeutic process. For your benefit, I request that we have at least one in-person termination session to process the ending stages of treatment, assess progress, and address issues related to follow-up care or referrals.

HOW TO CONTACT ME: If you need to contact me between sessions, you may leave a message at any time of the day or night at (310) 773-0037. Please be aware that I cannot always be reached by phone immediately, however, I will make every effort to respond to your call in a timely manner. If an emergency arises and you need immediate assistance, call 911, or go to the nearest Emergency Room and inform them that you are in crisis. You can also contact the Suicide Hotline (24 hour crisis line) at (310) 391-1253.

If you have any questions regarding the above or any related issues, please mention them. If not, please sign and date below indicating that you have read, understood, and voluntarily agreed to the above conditions.

Patient's  
Signature\_\_\_\_\_Date\_\_\_\_\_

Name  
(please print)\_\_\_\_\_

Parent/Guardian's  
Signature\_\_\_\_\_Date\_\_\_\_\_

Name  
(please print)\_\_\_\_\_