

Informed Consent and Agreement for Psychotherapy Services

Introduction.

This document is intended to provide important information to you regarding your therapy. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents. You may have questions about me, my qualifications, therapy in general, or anything not addressed here. It is your right to have a complete explanation for any questions you may have, now or in the future. Please feel free to ask questions or share any concerns that may arise. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

Information About Your Therapist.

Whenever you wish, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You are free to ask questions at any time about anything related to your therapy.

Fees.

The fees for service are \$100.00 per one hour (60 minute) session. This rate applies to all types of therapeutic services; individual, couples, family or those conducted virtually by way of the VSEE program I use. All sessions lasting longer than one hour will be billed at the same rate, typically in quarter hour increments. I reserve the right to periodically adjust my fees and you will be notified of any fee adjustment in advance. Fees are due at the time services are provided and are to be made directly to me. I will utilize a sliding scale if a client is experiencing financial hardship and these rates fall at either \$75 or \$50 for the same length of session and with the same rubric for sessions going over the one hour period.

Other costs that may arise in therapy, including but not limited to: costs for drug testing, the shipping and processing of those tests, conducting assessments, preparing legal documentation and any other attendant costs are the responsibility of the client and will be passed on accordingly.

Appointment Scheduling and Cancellation Policies.

Appointments are typically made at the end of each session for both of our convenience. Frequency of sessions will be determined by both you and I, and it's important to note that **consistent attendance greatly contributes to a successful outcome.** I understand that things arise from time to time that are unpreventable and which necessitate the cancelling of an appointment. **While I am not mercenary in my approach to the service I provide and generally will not charge for a missed session, I reserve the right to charge you 50% of your fee if it becomes apparent that you are abusing these boundaries and not taking your sessions, or my time, energies and consideration seriously.**

Insurance.

At this time I accept AETNA, BLUE CROSS BLUE SHIELD and OPTUM insurance.

Reasons for **not** utilizing one's insurance are as follows:

Insurance companies require a mental health diagnosis to cover costs associated with your therapy, and that diagnosis becomes a permanent part of your medical and mental health record. As such, it can negatively impact you should you decide to apply for certain jobs, military service or educational programs. Therefore, if this is your first time in therapy OR you are seeking services for an adolescent, you may want to consider whether using your insurance is in your best long term interest. Insurance providers also sometimes require a great deal of personal information about you and your reasons for seeking treatment in order to authorize coverage, and they may dictate to you how many sessions you can attend or what interventions are to be used in your care. Most therapists, me included, believe such decisions of that nature

should be one made between the client and therapist alone in order to retain full confidentiality and control of their therapy, and to be able to utilize therapy as often as they like.

Services.

As a masters educated and fully licensed professional counselor and I am able to provide therapy services addressing a wide range of issues. My education, along with my personal and clinical experience enables me to perform the same therapeutic services as a psychologist or psychiatrist including the administration of several assessment instruments, complete DSM-5 diagnoses, and others. However, there are a few assessment instruments I do not have the training to administer and I am unable to write prescriptions for psychotropic or any other medications under any circumstances. If you are in need of services which I cannot provide or in an area in which I do not specialize, I will inform you so that you can seek assistance elsewhere. I have also been trained in the Gottman Method of Couples Counseling and Sue Johnson's Emotion Focused Therapy to work with partners who are experiencing difficulties in their relationship except where treatment is contra-indicated. Such conditions include active domestic violence, active substance or process addiction, or in cases where one of the partners is actively engaged in an extra-marital relationship. Please speak with me if any of these conditions exist, or if you have any questions regarding whether treatment should proceed. All services offered can be conducted electronically. However, you must be a permanent resident of the state of Texas, and agree to use the VSee platform. It is a free, downloadable social media service similar to Skype or FaceTime. However, its data encryption and other qualities make it compliant with HIPPA regulations. Please consult with me for more information if you would like to consider this option.

Risks and Benefits of Therapy.

Psychotherapy is a process in which we will discuss a plethora of issues, events, experiences and memories for the purpose of creating positive change so that you can experience your life more fully. It provides an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and your therapist, and the degree of progress and success may vary depending upon a number of factors. Participating in therapy may result in a number of benefits to you, but these benefits will require substantial effort on your part, including the intentional examination of the part you play in your own struggles. This requires honesty, open-mindedness, and a willingness to change feelings, thoughts and behaviors. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. I will frequently challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you in session may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. During the therapeutic process, many people find that they feel worse before they feel better. Observers and loved ones may also experience this change in the client. This is sometimes a normal course of events. Personal growth and change *can* be easy and swift at times, but is characteristically slow and therefore can be frustrating. You should discuss with me any concerns you have regarding your progress in therapy. Due to the varying nature and severity of problems, and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Discussion of Treatment Objectives.

It is my intention to provide services that will assist you in reaching your goals. Usually during or shortly after the initial session, I will discuss with you my working understanding of the problem, therapeutic objectives and my view of the possible outcomes of treatment. As we work together we will periodically review these objectives and progress made. Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, I will draw on various treatment approaches accordingly. I believe that therapists and clients are partners in the therapeutic process, and you have the right to disagree with my recommendations. If you have any unanswered questions about any of the procedures used in the course of your therapy, or any other topics related to your care, please ask. *If at any time you are in conflict with something said or done in therapy, please don't hesitate to bring it to my attention. In order for us to have a good working relationship, such rapport is absolutely indispensable.*

Termination of Therapy.

The length of your therapy and the eventual termination of it depend on the specifics of your therapeutic objectives and the progress you achieve. I will discuss a plan for termination with you as you approach the completion of your therapeutic goals. If you or I determine that you are not benefiting from our work together, either of us may elect to initiate a discussion of alternatives such as referral to a different therapist, changing your objectives, or terminating your therapy. ***Naturally, you may discontinue therapy at any time. However, it is a good idea to plan for your termination in collaboration with me.***

Collaboration with Other Professionals.

In order to provide quality services, I may need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. If it becomes necessary to do so, you will be asked at that time to complete a Consent to Release Information form authorizing these exchanges. In some cases, I may not be able to provide services without this. Any other collaboration with other professionals will respect your confidentiality.

Records, Record Keeping and Filming of Sessions.

I may take notes during session, and will also create other paperwork and records regarding your treatment. These items constitute my clinical and business records and are the sole property of the therapist. ***Should you desire a copy of your records, such a request must be made in writing. I reserve the right to refuse to produce a copy of the record under certain circumstances unless required by subpoena, but may, as requested, provide a copy of the record to another treating health care provider.*** Under Texas law, I am required to retain records for five years following termination of therapy. After five years, your records will be destroyed in a manner that preserves your confidentiality. Also, in order to maintain the highest ethical standards and professional accountability, individual sessions with members of the opposite sex may be video recorded. ***If you are a female client, your signature of this form constitutes your awareness of this fact and your authorization for me to do so.***

Confidentiality.

The information disclosed by you is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, situations where you pose an actual or potential threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse or neglect; cases in which I am court-ordered to testify or produce records; or as outlined in the HIPAA Notice of Privacy Practices which you will be provided as part of your agreement for services. ***Services will not be provided unless a signed Privacy Practices form is in your file.*** If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that I utilize a “no secrets” policy when conducting family or marital/couples therapy. ***This means that I do not keep secret information gathered in individual conversations, whether on the phone or in an individual session, if the information revealed in some way violates the integrity of the couples/family therapy. This may include revealing an affair, substance problem, or intent to leave the relationship. Such information will need to be revealed to the other partner for therapy to effectively continue by the concerned party. Please feel free to ask me about this policy and how it may apply to you.***

Please Note: Virtual sessions via VSee meet all regulations for HIPAA compliance, unlike other virtual streaming online social media (i.e., Skype or FaceTime). All services can be conducted virtually, so please speak with me if you are a Texas resident and that is your preference.

Psychotherapist-Client Privilege.

The information disclosed by you, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between Therapist and Client. It is akin to the attorney-client privilege or the doctor-patient privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist-client privilege on your behalf until instructed, in writing, to do otherwise by you or your legal representative. ***You should be aware that you might be waiving this privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist-client privilege with your attorney.***

Consent to Treatment of Minors.

This section must be completed by the parent or legal guardian of each child who attends a family oriented session. Some custody agreements require the signatures of both parents for treatment. Because of this, it is generally my policy to require the signature of both parents in any divorce situation.

Confidentiality with Minors.

My role as a therapist with minority aged adolescents is similar to that as with adults. In order to develop the same rapport I strive not to share confidential information even with parents except where the parent insists I do so. That said, when children are making poor and dangerous decisions, parents will be brought into the conversation as soon as possible, which in the case of many situations, (such as suicidal ideation or attempts, or other self-injurious behaviors), is immediately.

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Parent / Guardian Name (please print) Parent / Guardian Signature Date

Parent / Guardian Name (please print) Parent / Guardian Signature Date