**INFORMATION, PRIVACY POLICIES, AND INFORMED CONSENT**

*Please initial each paragraph, and sign and date on the bottom.*

\_\_\_\_ General Information

People seek out psychological support and services for many reasons. Psychotherapy may be helpful in dealing with troubling emotions, behaviors, relationships, and life situations. The goal of psychotherapy is to better understand yourself and to resolve your difficulties. The number and frequency of sessions depends upon many factors and will be discussed with you by your therapist. Sessions are 50 minutes in length but may be longer for intake sessions and evaluations. If you are in individual therapy, and if you and your therapist feel it may be helpful to bring your spouse, or other family member with you to therapy, you may do so. Your therapist may also wish to use psychological assessment tools to aid in therapy. A collaborative decision will be made before any services are provided.

\_\_\_\_ Risks of Treatment

Psychotherapy is a process of growth and change. Often, this growth may induce sadness, anxiety, or other painful emotions. You may learn things about yourself and others that you do not like. In addition, the changes you experience during therapy may have effects on those around you, like friends or family members. These effects may be seen as negative or positive by you or others around you. The success of psychotherapy depends on the quality of the efforts and commitment that is made, as well as the realization that you are responsible for your choices and changes that may result from therapy.

\_\_\_\_ Financial Policies and Missed Appointments

Your appointment time has been reserved for you. Please provide 24 hour notice if you will not be able to attend. It is understandable that, from time to time, last-minute illness or emergencies may occur which prevent you from giving 24 hour notice to cancel or reschedule. However, you will be charged for these missed appointments. 48 hours notice of cancellation for appointments which are 2 hours or longer in length is required. Please be aware that insurance companies will not pay for missed appointments; you will be responsible for payment of missed sessions even if you have insurance. Sessions will be considered missed/no show 30 minutes into session time and will need to be rescheduled. Weekend and crisis/unscheduled sessions will be charged at a time and a half rate.

\_\_\_\_ Confidentiality

In general, your psychological records are protected by the Texas state laws regarding confidentiality. There are only a few exceptions in which your information or treatment details can be released without your written consent. Possible exceptions to confidentiality include but are not limited to the following situations:

1. If you present a danger to yourself and/or others.
2. If you report abuse or neglect of a minor, disabled, or elderly person to me. I am required to make a report of this to the appropriate agency (Child Protective Services, Adult Protective Services).
3. If you report sexual exploitation by a healthcare provider to me. I may have to report this to the appropriate licensing board (without identifying information).
4. Fee disputes or nonpayment between therapist and client.
5. Court ordered subpoena to release information. This must be signed by a judge.
6. If you bring a negligence or malpractice suit against therapist.
7. If a complaint is filed with the state licensing board against therapist.

Any questions regarding confidentiality should be brought up with your psychologist as soon as possible. By signing this form, you are giving your consent to the psychologist to share your information with all persons mandated by law, and with any third party responsible for payment of these services (insurance), and holding the therapist harmless from any departure of your right to confidentiality that may result.

\_\_\_\_ Access to Records

In general, you have a right to your records. One exception to this concerns the release of raw data from any psychological testing, which may only be released to another psychologist per the Texas State Board of Psychologists. In addition, in certain cases your records may not be released if it is determined that to do so would be harmful for you. You may also consent to have records released to other providers. Unless an emergency, your records will not be released without your written consent. We are happy to discuss these rights and limitations with you.

\_\_\_\_ After Hours Emergencies

Dr. Patton is not “on call” 24 hours a day. If you have an emergency after hours, please call 911 or go to your nearest emergency room.

\_\_\_\_ Informed Consent to Treat

In signing below, I am indicating that I have read (or have had read to me) this Informed Consent to Treat. I understand and voluntarily agree to the Informed Consent to Treat. I understand that I may discontinue services at any time. I have been given an opportunity to ask questions concerning my treatment and this consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/ Guardian Signature Date