INFORMED CONSENT TO TREATMENT

Couples Psychotherapy

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*I am a licensed psychologist in the State of California and have practiced psychotherapy since 1994.  I work with adults in individual and couple psychotherapy. I have prepared this information regarding your rights and the benefits and limitations of psychological treatment so that you may give fully informed consent should you decide to proceed with psychotherapy.  The guidelines and wording have been drawn up according to the recommendations of the Board of Psychology of California. Feel free to discuss any concerns or questions you may have after reading it through.*

CONFIDENTIALITY: Privacy is a basic right of any individual who seeks psychotherapy.  Information from your sessions is confidential and legally privileged. No information will be released without your written permission, except in the following circumstances: an insurance company may request information for purposes of payment; I may be ordered to produce records as part of a court proceeding; if I believe a child, elder or dependent adult is being abused or neglected, the appropriate agency must be informed; if a serious threat to harm an identifiable person is made, that person and the police must be informed; if a serious threat of self-harm is made, appropriate steps can be taken to maintain safety (e.g. hospitalization).  Confidentiality and privilege do not apply between members of a couple or family in therapy; I will rely on my clinical judgment to decide whether to reveal information to participating couple/family members or to the parents of a minor. If you are in therapy, as a couple, both members of the couple must provide written consent for the release of information. I will not normally advise anyone of your participation in therapy unless you specifically request, in writing, that I do so. I will also conceal your identity in any professional consultations that I seek.

ABOUT PSYCHOTHERAPY: Psychotherapy can be a beneficial way to examine and enhance emotional and interpersonal experience.  Work in therapy is a joint effort; progress and length depend on many factors, including motivation, life circumstances, and the nature and severity of the problems for which you are seeking help. Change is typically slow and difficult, therefore regular attendance over time is important to treatment.  Talk therapy is one of many approaches available for addressing psychological problems, and it may not resolve the difficulties with which you are concerned. In some situations, for example, medications prescribed by a psychiatrist may also be indicated. Your participation in psychotherapy is voluntary and you are free to withdraw or to seek consultation from another professional at any time.

PAYMENT FOR SERVICES:  We will determine a fee together during our initial consultation.  This fee may be periodically reviewed. We will also decide whether you will be billed monthly or pay at each 50 minute session. Extended phone sessions will be billed at a rate equivalent Payment is due the last session of each month for the month’s meetings. Some prefer to pay per/session which is also acceptable.

CANCELLATIONS AND VACATIONS: Once we agree on a regular time or times to meet during the week, I will reserve those hours for you.  I will give you advance notice of any vacations or planned absences. Another therapist will provide emergency coverage when I am away.  You can get that person’s name and number by calling my voice mail (510-601-7862) during any breaks.

Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. The appointment hours that we agree upon are reserved for you only and will be charged to your monthly invoice.

Nevertheless, it is understandable that on occasion it may be necessary to cancel or reschedule your appointment.  I offer 4 free cancellations per year regardless of notice time. If we are able to reschedule a cancelled appointment, I will not count that cancellation as one of the four, I will charge for any additional cancellations made subsequently to missing 4 for that year.

EMERGENCIES:  Although you can leave me a message at any time, I am often not available to call you back immediately.  In an emergency, please call me and leave a message on my voice mail. I will return your call as quickly as possible.  I will do what I can to be helpful, possibly speaking on the phone or scheduling an appointment.

I have read and understand the above information, and I consent to treatment.

Patient Signature  Date

Patient Signature  Date

Therapist Signature  Date