

## **Lori K. Roberto, Ph.D., Clinical Psychologist, PSY 20491**

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### **INFORMED CONSENT FOR SERVICES**

#### **Hello and welcome to my practice!**

You have taken a very positive step by deciding to seek help. How we choose to work together will depend on a number of factors, such as your particular concerns and your goals. There are a variety of methods and tools we can utilize in psychotherapy and consultation, so I encourage you to take an active role in this process and to give me feedback about our work together.

#### **About me**

I am licensed by the California Board of Psychology as a Psychologist (PSY #20491). I received my B.A. degree in psychology from UC Irvine, my M.A. in psychology from San Diego State University, and my Ph.D. in Clinical Psychology from DePaul University. In addition to my general experience in clinical psychology, I have specialized training and experience in clinical health psychology and behavioral medicine, especially for chronic illness, pain management and sleep disorders/insomnia. Over the years, I have also completed extensive continuing education in cognitive-behavioral therapy, acceptance and commitment therapy, mindfulness, eating disorders, mind-body practices, and clinical hypnosis. I teach an upper division psychology course in Stress Management at a local university and I'm on the Board of the Sacramento Valley Psychological Association as the CARE chair and co-chair for the Behavioral Medicine & Neuropsychology Section. I would be happy to answer any questions regarding my training and work experience.

#### **Psychotherapy and Consultation**

##### **General Information**

Whether we are meeting in person together or via telehealth, the therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

##### **The Therapeutic Process**

The first 1 to 3 session(s) involves an assessment of your concerns from a broad perspective, clarification of goals, and recommendations for treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. You have the right to ask questions about the treatment plan and any risks or benefits. You have the right to refuse anything that I suggest. If I believe your needs are beyond my expertise or scope of practice, I will suggest referrals.

The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and your repeating patterns, as well as to help you clarify what it is that you want for yourself.

## **Confidentiality**

In general, privacy of communication between a client and a psychologist is protected by law. The session content and all relevant materials for your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. However, there are exceptions to confidentiality when disclosure is required, or may be required by law.

By participating in psychological services, you agree and understand that limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

## **Walk and Talk Sessions**

Walk and Talk is psychotherapy or consultation while walking outdoors in public places. I offer Walk and Talk sessions as an optional treatment modality. Walking sessions typically take place along the American River Parkway trail, easily accessed by my office. Some clients enjoy the experience of movement while talking or feel more comfortable talking side by side, rather than sitting face to face in an office. If you are interested in Walk and Talk, we will discuss it beforehand to decide if it is clinically

appropriate for your situation. Walk and Talk sessions can be used intermittently or regularly, and they may be discontinued at any time.

If you choose to participate in Walk and Talk sessions, your participation means you understand and agree to the following:

1. That there are risks associated with any general outdoor activity, that you are willing to assume these risks, and that Dr. Lori Roberto is not liable for such risks. Hazards may be encountered with nature, other people or animals (for example, stumbling on uneven surfaces, bee stings, sunburn, weather changes, bicyclists, a twisted ankle).
2. That you have no known health problems or medical conditions which could in any way limit your ability to safely participate and that you assume all health risks associated with this activity.
3. That because Walk and Talk sessions are outdoors, there is some risk to confidentiality, including but not limited to the possibility that we may encounter a person one of us knows, a portion of our conversation could be heard by someone, or that someone might recognize Dr. Roberto as a mental health professional.
4. That Dr. Lori Roberto will be acting as my mental health professional under the scope of her psychology license; not as a fitness trainer or in any other capacity.
5. That you certify you have adequate insurance to cover any injury or damage you may experience while participating in Walk and Talk sessions or that you agree to bear the costs of such injury or damage.

## **Clinical Hypnosis**

Clinical hypnosis is defined by the American Psychological Association as, “a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.” Hypnosis is an optional treatment modality when clinically appropriate. This combination of being both internally focused and amenable to suggestions can be used for relaxation, pain management, flight anxiety, prepping for medical interventions, and many other situations or conditions. I have completed Basic, Intermediate, and Advanced training in Clinical Hypnosis through the American Society of Clinical Hypnosis.

### **Audio Recording for Home Practice**

If we record a hypnosis session, it is understood that this recording is for your personal use only to be used in a safe, comfortable environment. Recordings are not for public consumption and should not be copied, shared, distributed, sold, posted online or disseminated. The audio recording could cause you to become relaxed or sleepy and should not be used while driving or operating machinery, or during any activity where your alertness and attention are required for safety. Allow yourself plenty of time to return to a state of complete alertness after listening to the recording before returning to your normal activities.

### **The Nature of Hypnosis & Memory**

Memory is not stored like a recording in the brain, so rarely will all details of a recollection be fully accurate. This is true whether or not hypnosis is being used. People are capable of filling in gaps in memory, of distorting information, and being influenced in terms of what they “remember” by leading

questions. For example, our memories may sometimes be influenced through books, movies, TV, or conversations. Research has shown that there is no guarantee that information remembered through hypnosis (or through ordinary recall) is factually accurate. The only way to know whether something recalled is fully accurate is to obtain independent corroboration. Thus, it is best to regard memories, images, or feelings from hypnosis as data to be evaluated along with what you already consciously know. Courts sometimes reject forensic evidence when hypnosis is used, so if you have any concerns about the legal consequences of hypnosis, you should consult your attorney prior to the use of hypnosis.

If you choose to participate in Clinical Hypnosis, your participation means you understand and agree to the following:

1. That you will only use any recorded hypnosis personally under safe conditions.
2. That you will hold Dr. Lori Roberto harmless from any potential impact of hypnosis on recollections in a courtroom or forensic setting.

### **Telehealth**

Consent to engage in telehealth (aka “telepsychology” or “telemedicine”) can include consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications.

*When you consent to and use telehealth, you agree to and understand the following:*

1. Rights and limits to confidentiality still apply for telehealth services. Telehealth sessions are not recorded nor retrievable.
2. Telehealth has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
3. Telehealth has potential risks including interruptions, unauthorized access, and technical difficulties.
4. Telehealth based services may not be as complete or the same as face-to-face services. Telehealth results cannot be guaranteed or assured.
5. Either you or Dr. Roberto can discontinue a telehealth consultation if it is felt that the videoconferencing connections are not adequate for the situation. If telehealth video sessions are no longer appropriate, we will consider in-person sessions or referral.
6. You are responsible for (1) providing the necessary computer, telecommunications equipment and secure internet access for my telehealth sessions, (2) the information security on your computer, and (3) arranging a location with enough lighting and privacy that is free from distractions or intrusions for my telehealth session.
7. While email or texts may be used to communicate with Dr. Lori Roberto, privacy and security of emails and texts cannot be guaranteed.
8. Telehealth does NOT provide Emergency Services, therefore in the event of an emergency, call 911 or proceed to the nearest hospital ER for help. If you have suicidal thoughts, call the National Suicide Prevention Lifeline at 1.800.273.TALK (1.800.273.8255) for free 24 hour hotline support.

I may use a variety of technology services to conduct telehealth videoconferencing appointments including Telehealth by SimplePractice, Doxy.me, and Google Meet. Each service is simple to use with no passwords required to log in.

*It is important to understand that:*

1. Telehealth Services facilitate videoconferencing but are not responsible for the delivery of any healthcare, medical advice/care and do NOT provide emergency services.
2. Dr. Roberto does not have access to any or all of the technical information in the Telehealth Services – or that such information is current, accurate or up-to-date. Dr. Roberto does not have technical information regarding the Telehealth Services.
3. To maintain confidentiality, you should not share your telehealth appointment link with anyone unauthorized to attend the appointment.

### **California Board of Psychology**

If you are ever unhappy with my services or our work together, I hope you'll talk about it with me so that I can respond respectfully to your concerns. You may also direct inquiries/complaints to: Board Of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.