

## Informed Consent for Psychotherapy

Thank you for placing your trust in me as a psychotherapist! I take your trust very seriously. This document contains important information about my practice. Please take a few minutes to read it carefully, and ask me questions.

### Psychological Services:

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy can lead to more fulfilling relationships, solutions/insights to specific problems, and significant reduction in feelings of distress. Of course, there are no guarantees of what you will experience, or of particular outcomes from your work. Psychotherapy is not like a medical doctor's visit. It asks for a very active effort on your part. For the greatest progress, you will have to work on things we discuss in between sessions (e.g. you might want to keep a journal or notes about new understandings, dreams, and meaningful quotes from sessions). Ideally, termination of psychotherapy is mutually decided on, and processed adequately beforehand. However, you may terminate psychotherapy with me at any time, and I may need to terminate psychotherapy with you. I will always offer you a referral if this scenario arises.

Sessions typically last 50 minutes, and payment is due at the time of the session unless we make other arrangements (i.e. a monthly retainer fee). I require **48 hours notice** if you are canceling a session. Failure to cancel 48 hours in advance will result in my charging you for the session.

If you are planning on using insurance to assist in paying for psychotherapy, please let me know immediately. My policy is that you pay me, and the insurance company reimburses you. Please make sure you are clear with your insurance company what they will reimburse you for (e.g. number of sessions per year and reimbursement percentage). In the end, you are responsible for all payments to me.

I reserve the right to charge for other professional services I provide for you, including report writing, consultations with other professionals, phone sessions with you, and preparation of records and treatment summaries. The fee will be a prorated percentage of my hourly fee. If you become involved in legal proceedings that necessitate my participation, you will be expected to pay for my professional time even if I am called by another party. Because of the difficulties inherent in legal involvement, I charge \$250 per hour for preparation, travel time, and attendance at legal proceedings.

### Confidentiality:

What is said in therapy remains between you and me except in very specific situations, mandated by law. In these special cases, I will do my best to discuss the situation with you before taking action.

1. Child abuse, elder abuse, or dependent adult abuse
2. Serious intent to injure yourself or another
3. If insurance is used, I may be asked for specific information about you (e.g. a diagnosis)
4. Court order
5. If your bill is past due by 60 days, and we have not mutually agreed on other financial arrangements, I retain the right to use legal means to secure payment (including hiring a collection agency or going through small claims court). If such legal action is necessary, its costs will be included in the claim.
6. If you are a minor, the law may provide your parents the right to review your treatment records. It is my policy to request an agreement from your parents to give up access to your records, in exchange for general feedback about our work together. I will notify them, however, if you are a high risk to self or other.

### Availability:

I am available for regularly scheduled appointment times. I am not typically available by phone, however I do call my answering machine for messages several times throughout the day and will make every effort to return your call within 24 hours (much sooner if possible). If at any time you feel you cannot wait for me to return your call, please call 911, or contact your physician or the nearest hospital emergency room for assistance.

If the above guidelines and policies are clear to you, and you agree to treatment under these terms, please sign below.

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Client

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(guardian, if applicable)

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(date)

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(therapist's initials)