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### **Informed Consent to Psychotherapy**

Please read carefully. This document contains important information about your care, rights and policies.

#### **Psychotherapy Services**

Therapy is a boundaried relationship of safety, honesty and healing. With that relationship established, we will use evidence-based clinical strategies and tools to improve your symptoms, behaviors and relationships. This can sometimes take time to achieve, and the duration of treatment may vary. I utilize a number of evidence based techniques and will inform you of your treatment plan and the therapeutic interventions used.

Psychotherapy is art and science but not magic. To be most successful, you will have to work both during your sessions and at home. Psychotherapy has been shown to have clear and important benefits for those clients who follow through and participate fully. I cannot guarantee permanent improvement, curing or other desired outcomes.

Many of the modalities I utilize will require daily or weekly homework; participation in DBT, PE and ERP therapy may require a commitment to both homework and more frequent sessions to achieve symptom relief.

#### **Risks & Benefits**

Psychotherapy has both benefits and risks. Therapy requires honesty, and the courage to experience memories and feelings we have tried to avoid. In some cases, memories or emotions may surface that are distressing or highly disruptive; I will always provide clients with tools to manage this, where applicable. Relationships, careers, family dynamics and behaviors may change as a result of therapy engagement, not always in ways we can predict.

EMDR and trauma therapy in particular can cause fatigue, disorientation, intense emotions and physical sensation during session and in the hours and days following a session. This is typically manageable and expected during the early phases of therapy. Trauma therapy may not be appropriate or safe for every client; I reserve the right to discontinue, delay or decline to offer specific therapy modalities where they are not appropriate or safe.

Typically, the purpose of diagnosis is to understand the condition and create an appropriate treatment plan. If you are being diagnosed for the first time, this will be discussed with you so you fully understand your diagnosis and treatment needs.

## **Appointments**

Individual therapy sessions are typically weekly or biweekly, lasting 50-55 minutes. Family or couples sessions are 90 minutes.

EMDR, ERP and PE clients: Your treatment plan will include an estimate of treatment length and frequency; you will be asked to commit to attend therapy on the agreed upon intervals, for the agreed upon duration, or until symptoms resolve.

Any phone call or correspondence lasting longer than 15 minutes will be billed as telehealth session time. Any required calls or meetings with outside providers, systems or family members may also be billed.

## **Telehealth**

While I prefer in-person therapy, I offer a video Telehealth option to maintain continuity of care and accommodate your needs. Telehealth is offered via Google Meet or Psychology Today's HIPAA-compliant telehealth feature. Clients can opt to hold telehealth sessions in lieu of an in-office session without accruing a no-show or late cancellation fee. Clients from outside the area who require specialized care that I offer will be accepted on the basis of a virtual screening and assessment. Rescheduling an in-person session for a telehealth session will need to be done at least 90 minutes before the session time via email.

During session, clients must be in a private space in their home, office, or parked vehicle. Reasons to switch a session to telehealth might be inclement weather, illness/injury, lack of childcare, travel, transportation issues, or inflexible obligations.

## **Illness**

Please reschedule or utilize the Telehealth option if you are ill or believe you are becoming ill, if you have been hospitalized, or are caring for sick children. If you are in the office feeling unwell you will be asked to wear a mask.

## **Payment policy**

Office staff will work to ensure your sessions are covered. Copayments are due at the time of the session; any uncovered services will be your responsibility. After 30 days of any balance, future sessions will not be booked until balance is paid.

## **Pro bono & sliding-scale**

In certain circumstances, care may be offered or continued on a pro bono or sliding-scale basis for a limited course. This is determined case by case in situations where the needed care is otherwise inaccessible; to complete a treatment episode when a client loses insurance or job; and to accommodate financial changes due to severe life stressors. If a sliding scale rate is offered, it is agreed upon that payment will be made at the time of service and the client will inform the therapist of any changes to their ability to pay or reinstatement of insurance coverage.

Sliding scale fee will be determined based on the severity of needs, session frequency and duration of hardship.

### **Termination**

Symptom improvement, management and resolution is the goal of treatment whenever possible. This means therapy will eventually reach a maintenance phase or an endpoint. Both client and therapist reserve the right to terminate therapy due to poor fit, need for a different level or type of care, or changes in availability. If you are thinking of ending therapy, please discuss this with me in our sessions so we can plan for a successful completion or transition of care. Non-payment, non-adherence to between session protocol, treatment interference or two unexcused consecutive no-shows will be considered potential reasons for the therapist to terminate therapy.

### **Substance use & Behavior policy**

If you are receiving treatment for substance use disorders or process disorder, it is expected you will remain abstinent on days you have a therapy appointment. If you have engaged in the behavior or substance use prior to the session, this must be disclosed at the beginning of session; therapist reserves the right to end and reschedule session if client impairment interferes with therapy. 2 or more consecutive impairments during session may result in referring to a higher level of care and/ or termination of therapy.

Medication or substance use pattern changes must be disclosed to the provider.

Clients with high risk behaviors must provide an emergency contact and agree to contract for safety and participate honestly in all safety screenings administered. Client risk to self or others assessed to be acute or escalated during a session may result in emergency contact and/or emergency services being contacted. Client may also opt to transition to a detox, crisis stabilization or emergency care facility.

### **Confidentiality and Mandated Reporter Guidelines**

Confidentiality is paramount in therapy; however, as a mandated reporter I am required to break confidentiality in order to make reports in the following situations:

Reported harm or threat of harm, neglect, abuse, or exploitation of a child, elder or dependent adult.

Acute, emergent threat or risk of harm to self or others with plan and/or intent.

Expressed intent or plan to threaten, harm, stalk, harass, exploit or otherwise interfere with another individual or group (duty to warn).

Parents have some rights to the information about their minor children's care, diagnosis and treatment, but wherever possible confidentiality will be practiced between therapist and guardians/parents of minor clients.

Clients and outside providers may request their notes and charts from the practice. The individual therapist does not release notes, test results, or medical charts.

Privacy in public: If we encounter each other in public, I will not acknowledge you to protect your privacy. You are welcome to interact with me if that is comfortable for you.

I do not engage in online or social media relationships with current or former clients. I welcome former clients to update or reach out via email.

Dual relationships: I have a public and private life outside of my practice; this occasionally presents ethical challenges in the area we live. I expect clients to be respectful of this and discuss appropriate boundaries where any conflict of interest arises on either side. I will make an effort to establish workable boundaries to minimize or eliminate conflicts of interest, but on occasion may need to terminate therapy when unavoidable conflicts exist; if this occurs I may not be able to explain the nature of the conflict due to client privacy.

**Your Signature Below Acknowledges That:**

- 1. You have read, understand, and agree to be bound by the content, terms, and conditions of this informed consent contract.**
- 2. You authorize *Dr. Jackie Jiang & Associates* to provide to your insurance company any information required for billing or authorizations for treatment or evaluations.**

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Client's Name (Print)

Client's Name (Signature)

Date

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Parent/Guardian's Name (Print) Parent/Guardian's Name (Signature)

Date

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OLIVIA CARROW, LCSW/LISW

Date