

## Informed Consent for Treatment

The following provides information about the professional services and treatment you will receive at Belmont Psychological Services. Please review the information carefully, and make note of any questions you may have so we may discuss them. Signing this form will represent an agreement between you and your therapist at Belmont Psychological Services.

### **Psychological Services**

Therapy takes many forms depending on your needs and the approach of your provider. To maximize the chance of therapeutic benefit, therapy requires active effort on your part. This means working on things we talk about during our sessions while you are at home, and understanding that this “homework” is a critical treatment component. Cognitive-behavioral therapy (CBT), which is the treatment approach from which we will likely be working, is a specific type of treatment which employs a structured, focused approach. It involves collaboration with your clinician, active work during session, and practice outside of sessions.

Therapy has benefits and risks. Often, therapy involves discussing difficult parts of your life, which may cause you to experience uncomfortable feelings like anxiety, sadness, guilt, anger, frustration, and helplessness. However, research has shown that therapy also has benefits for people who go through it. CBT, specifically, is a well-researched approach which often shows significant benefits. Therapy can be an effective and valuable venue for growth. It often leads to improved coping skills, better relationships, and a decrease in the symptoms which brought you to treatment. However, there are no guarantees on the experience or results you will have.

The beginning of treatment will consist of an evaluation and collaborative initial treatment plan, suggested by your clinician. It is important, however, for you to consider your own opinion about if this treatment and clinician are the right fit for you. Therapy is a commitment of time, money, effort, and energy, and it is important that you are comfortable with the provider and type of treatment you choose. If you have questions about treatment procedures, please bring them to my attention so we may discuss them. If you have doubts, obtaining a second opinion is always a good option, and I can help you to do so.

### **Appointments**

Your initial appointment will be a 60 minute appointment, though it is recommended that you arrive early to allow for paperwork completion. Although this appointment will allow us to establish a tentative treatment plan, the initial evaluation and planning continues for two to four sessions. Appointments after the initial meeting will be 50-55 minutes. Once you schedule an appointment with me, you will be expected to pay for it unless you provide me with more than 24 hours notice. This allows time to attempt to schedule another patient or activity in the time slot. **To avoid being charged for a missed session, please inform our office of your cancellation at least 24 hours in advance.**

### **Professional Fees**

The fee for an initial one hour intake appointment is \$300. My regular hourly rate is \$250. In addition to scheduled appointments, I also charge this amount for other professional services (prorated if the time is less than one hour). Such services include but are not limited to: telephone conversations longer than 10 minutes, report writing, attendance at meetings you have authorized, preparing treatment summaries or records, etc.

If you are or become involved in legal proceedings which require my participation, you will be expected to pay for my professional time (even if I am called to testify by another party). Due to the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at any legal proceeding.

All patients are expected to pay in full at the time of the appointment. Acceptable forms of payment include cash, check, and all major credit cards, except American Express. Please note, there is a \$20 fee for all returned checks. We do not bill insurance on your behalf; however, we can provide you with a Health Insurance Claim Form (HCFA) which you may submit to your insurance to attempt to obtain reimbursement. Any insurance benefits are determined by your carrier, and it is recommended that you contact your insurance prior to beginning treatment if you are interested in reimbursement. It is also important to note that the HCFA will include your clinical diagnosis, which means your insurance will have access to this confidential information, should you choose to send them the HCFA.

### **Treatment Records**

The laws and standards for psychologists require that I keep treatment records. You have the right to a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting for the layperson. As such, it is recommended that we review the records together so we can discuss the contents. You will be billed your regular appointment fee for time spent in responding to record requests.

### **Confidentiality**

Communication between a patient and a psychologist is generally protected by law. This means I can only release information about our work with your written permission. However, there are some exceptions to this;

- I am required to file a report when there is a reasonable suspicion of child abuse, elder abuse, or dependent adult abuse.
- If I believe a patient is threatening serious bodily harm to another, I am required to take protective actions, such as notifying the victim, contacting the police, and/or hospitalizing the patient.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization or contact family members to keep him/her safe.
- In legal proceedings, you have the right to prevent me from releasing information about treatment. However, there are situations (for example, in a custody evaluation) where a judge may order my testimony if the issues raised in the proceedings require it.

If such situations occur, I will make every effort to fully discuss it with you before taking any action.

I also engage in regular consultation with other professionals about cases. During consultations, your identity remains confidential. In addition, the other professionals are legally bound to keep the information confidential. If you don't object, you will not be informed about these consultations it is important to our work together.

While this written summary of exceptions to confidentiality hopefully helps you to understand potential problems, please bring any questions or concerns to my attention and I am happy to discuss them with you.

**Contact and Emergency Procedures**

You may reach me at 562-799-6700. I am often not immediately available by telephone. When you call, you will either reach our receptionist or my voicemail. I check my messages regularly during business hours, and make every effort to return your call the same day. However, after hours, and on weekends and holidays, I cannot guarantee that I will be able to get back to you before the next business day. If you are unable to wait for me to return your call, or if a life-threatening emergency arises, please dial 911 or proceed to your nearest emergency room.

**Agreement and Consent**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ License: \_\_\_\_\_ Date: \_\_\_\_\_