

## **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 your therapist’s attention so you may discuss them. If you have doubts, obtaining a second opinion is always a good option, and we 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.

### **Professional Fees**

The fee for initial intake appointment is \$300. The regular hourly rate is \$250. In addition to scheduled appointments, we 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 your therapist's participation, you will be expected to pay for my professional time (even if they are called to testify by another party). Due to the difficulty of legal involvement, the charge is \$400 per hour for preparation and attendance at any legal proceeding.

**Belmont Psychological Services will bill Medicare for all services rendered. Please note, we are not contracted with any secondary insurance companies. You will be responsible for the coinsurance / copayment amount as determined by Medicare, and any outstanding deductible.**

**If you fail to notify us 24 hours in advance about a missed appointment, you will be responsible for the missed appointment fee, which is \$10. To avoid this, please give us at least 24 hour notice if you will not be able to make a scheduled appointment.**

### **Treatment Records**

The laws and standards for psychologists require that we keep treatment records. You have the right to a copy of your records, or a summary can be prepared 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 information about our work can only be released with your written permission. However, there are some exceptions to this.

In legal proceedings, you have the right to prevent your therapist from releasing information about treatment. However, there are situations (for example, in a custody evaluation) where a judge may order the therapists testimony if the issues raised in the proceedings require it.

There are also situations in which your therapist is legally obligated to take action to protect others from harm. This means they may need to reveal some information about a patient's treatment. For example, therapists are required to file a report if they hear any discussion of suspected child abuse, elder abuse, or dependent adult abuse. In addition, if they believe a patient is threatening serious bodily harm to another, they are required to take protective actions, such as notifying the victim, contacting the police, and/or hospitalizing the patient. Further, if a patient threatens to harm himself/herself, they may be obligated to seek hospitalization or contact family members to keep him/her safe. If such situations occur, your therapist will make every effort to fully discuss it with you before taking any action.

Therapists 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 your therapist's attention, so they can discuss them with you.

**Contact and Emergency Procedures**

You may reach the office at 562-799-6700. When you call, you will either reach our receptionist or your therapist’s voicemail. Messages are checked regularly during business hours, and therapists make every effort to return your call the same day. However, after hours, and on weekends and holidays, it is not guaranteed that they will be able to get back to you before the next business day. If you are unable to wait for a return phone 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: \_\_\_\_\_

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