

INFORMED CONSENT FORM

Welcome to Eastside Mental Wellness. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

MY RESPONSIBILITIES TO YOU AS YOUR THERAPIST

I. CONFIDENTIALITY

With the exception of certain conditions described below, you can expect that what you say in therapy will be kept confidential. That means that I will not tell others that you are in therapy with me or the content of our sessions except if one of the conditions below occurs. You, on the other hand, have the right to tell others about therapy and can direct me to share information with whomever you chose (ex. your physician, a family member, another healthcare provider), and you can change your mind and revoke that permission at any time. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not completely confidential. I do not use an encrypting program on email at this time. Please see my Social Media Policy for a more in-depth discussion of this matter.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

II. RECORD-KEEPING

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the psychologist, and next steps. My records are kept private and not shared with others, in accordance with HIPPA requirements.

III. DIAGNOSIS

If a third party, such as an insurance company, is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you.

I want to make your therapy as successful as possible. For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. If you decide to terminate, it can be helpful to have a few weeks to process the work we have done and consolidate gains. In rare instances, I may determine that I am not the best fit for your needs. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care.

V. FEES

Individual therapy or couples therapy is \$220 per 50 minute session. You will be asked to pay for each session at the time of the session. Payment can be by check, cash, or credit card. A printed statement of the month's sessions will be furnished to you on the first of each month for the previous month's sessions and payments. You can use the statement for tax purposes or for reimbursement. If you prefer to receive the statement in another way, let me know. There is no direct billing with any insurance company, including Medicare.

Late Cancellation Policy: Clients can cancel or reschedule an appointment anytime, as long as they provide 24 hours notice. If you cancel an appointment with less than 24 hours notice, or fail to show up, you will be charged the full appointment fee (\$220).

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only

information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45-50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours (24) notice, you will be charged for that session.

CONTACTING ME

I am generally not immediately available by telephone. Though I have regular office hours, I do not answer the phone when I am with clients. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

Because I have a limited practice, I do not have 24 hour emergency or "on call" coverage. If you believe you will need a therapist with 24 hour coverage I will be happy to make a referral. If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to call you back. If I am out of town for an extended period of time I will give you the name of a colleague you can contact in case of an urgent need.

COMPLAINTS

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns.

CLIENT CONSENT TO PSYCHOTHERAPY

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

CLIENT SIGNATURE _____ DATE _____