**Informed Consent for Treatment**

Welcome. This document contains important information about my professional services and business policies. Please read it carefully, and feel free to ask any questions you have. When you sign this document, it will represent an agreement between us.

## PSYCHOLOGICAL SERVICES

I am a registered psychological assistant employed by a licensed clinical psychologist and I provide a range of psychotherapy services including assessment, talk therapy and consultation. Psychotherapy is a process where growth, experiences, and mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are many different methods I may use to deal with the concerns you hope to address. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation.

As a psychological assistant, I work under the supervision of a licensed clinical psychologist. Dr. Robbins and I work together and regularly discuss and review my cases, and she will have access to my client documentation. If a situation were to arise where I was ill, or unable to attend an appointment and contact you directly, she may contact you to inform you of the change and next steps in re-scheduling an appointment. I can offer contact information for Dr. Robbins if I am away for an extended period of time. She will be able to offer assistance and support if you are experiencing a crisis or concern while I am away. Dr. Robbins’ contact information is 415-625-9778, e-mail: Rachel@drrachelrobbins.com.

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 often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

## CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the client threatens to harm themself, I may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection. If an individual discloses that they have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act, I am obligated to report this to authorities.

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 client. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work. As mentioned above my supervisor, Dr. Robbins and I regularly discuss and review my cases. She will have access to my client documentation.

**MEETINGS**

I will usually schedule one 50-minute session per week at a time we agree on, although the frequency can vary depending on need. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [1 day] advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment.

**FEES**

Full fees for evaluation, intake interview, and individual 50-minute therapy sessions are $\_\_\_\_\_\_\_\_, based on my sliding scale rates. I may also charge a portion of this fee for other professional services you may require (such as telephone conversations which last longer than 15 minutes, meetings or consultations that you have requested with other professionals, etc.). In unusual circumstances, you may become involved in litigation wherein you request or require my participation. You will be expected to pay for such professional time even if I am compelled to testify by another party. You will be expected to pay for each session at the time that it is held. Payment schedules for other professional services will be agreed to when these services are requested. If your financial circumstances change, we may negotiate a fee adjustment.

I do not accept insurance.

# CONTACTING ME

You can contact me using telephone or email services. While I will do my best to immediately answer phone calls and email whenever possible, I probably will not respond when I am with a client. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your contact within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the best way to contact you and times when you will be available. If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of my supervisor to contact, if necessary.

## PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

## MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

**PHYSICAL HEALTH**

Psychological disorders and symptoms often have a strong correlation with medical illnesses and symptoms. At times, some medical conditions require a medical differential diagnosis to determine symptom etiology. If your presenting symptoms are organic in origin, it is critical that you obtain medical treatment. In addition, prescription and nonprescription medications may have significant side effects that may be important for us to consider. I appreciate full disclosure off all medicines and drug intake and may request a Release of Information so that I can coordinate services with your physician.

**TERMINATION**

Termination of psychotherapy may be initiated by a client at any time. At least one-week notice, or more, is suggested so that a final session can be scheduled to explore the reasons for termination, summarize treatment, say goodbye, etc… This is often a constructive and useful process.

Please feel free to ask any questions that you might have. I look forward to working with you.

Client Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Therapist Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date