



INFORMED CONSENT

Treatment Agreement: Policies and Procedures

Welcome to my practice. I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may impact you. 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.

Confidentiality All communication with the therapist will be held in confidence and will not be disclosed to anyone without your written permission to release the information. The exceptions to this are:

If you present a clear and imminent danger to yourself
If you present a clear and imminent danger to someone else
If there is an indication of child abuse, elder abuse or dependent adult abuse
In the event of a court order for information

Therapy Records The laws and standards of my profession require that I keep treatment records. You are entitled to receive 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 to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests. Your records are protected by all existing laws governing medical records. Records are maintained for seven years, and then destroyed. Upon written request, a written summary will be provided to another mental health professional or physician of your choice. Minor's records are kept for ten years or until they turn twenty-one, whichever is longer.

Fee for services: Fees will be set prior to the initial session. Fees can be raised during the course of treatment; you will be given a 30 day notice of fee increase. You are responsible for full payment (not just the co-pay), if your insurance company refuses payment for any reason.

All sessions are 45 minutes unless an extended amount of time is agreed upon in advance.

Changing and Canceling Appointments I have a 24 hour cancellation policy, any appointments cancelled that do not adhere to this policy will be charged regular fee for session. I reserve the right to determine what constitutes a valid cancellation within that window of time, but you reserve the right to present your views at any time if the charge seems unfair. Insurance companies do not reimburse for last minute cancellations, you are responsible for full payment of any session(s) cancelled less than 24 hours in advance. The exception to this policy would be a rescheduled appointment within the same week of the cancellation as my schedule permits. I will notify you at least one week in advance of my vacation and conference schedule.



Contacting Me I may not always be immediately available by telephone. My telephone is answered by voice mail that I monitor periodically throughout the day. I will make every effort to return your call 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. Telephone calls and pager access are offered as a professional courtesy and this service does not constitute an emergency psychological service. I am not responsible for your behaviors or decisions occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. If you are unable to reach me and feel that you can't wait for me to return your call, contact **911**, your family physician or the nearest emergency room and ask for the psychologist (psychiatrists) on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Termination of Services You or I may terminate your therapy at any time. It is an important part of any treatment to establish the termination process in session. If termination should become an issue I encourage you to discuss it in session with me, and if I choose to terminate the therapy it will be done in line with the laws and ethics mandated by the Board of Psychology as it stipulates in such situations.

Psychological Assistant Services If you are working with my Psychological Assistant, Klarissa Castro, MA it is my responsibility to inform you that she is unlicensed and is allowed to provide limited psychological services only while under the direction and supervision of a licensed supervisor. By signing this form you are agreeing to release your confidential information so I can access this information related to my supervision duties.

The therapist conducted my initial consultation session and reviewed this Informed Consent with me. I was provided an opportunity to ask questions about the policies described herein. Any questions I had have been answered to my satisfaction, and I fully understand and agree to these policies. I also understand that I may terminate therapy at any time.

You have the right to contact the Board of Psychology at any time regarding my conduct and practice by going to this website:
<http://www.psychology.ca.gov/consumers/filecomplaint.shtml>

Patient's Signature

Date