

INFORMED CONSENT FORM

Informed Consent Form

INFORMED CONSENT FORM (example)

California law and professional ethics dictate that I provide clients with a disclosure at the beginning of our therapeutic relationship. You are free to ask questions and to discuss concerns regarding this form with me. Your feedback is welcome.

Qualifications

In 2011, I obtained a Master's degree in psychology with emphasis in Substance Abuse disorders from California Coast University. I am currently working toward a PsyD in Psychology from California Southern University. I have worked in one on one and group therapy sessions in a peer support role and have been a patients' rights advocate working for the severely mentally ill. I am a current member of the California Consortium of Addiction Professionals and have finished requirements for certification in drug and alcohol counseling.

Therapeutic Approach

My approach integrates the techniques of Acceptance and Commitment Therapy, Dialectic Behavior Therapy and Rational Emotive Behavior Therapy. To determine what would work best for you I prefer to have you assist me in determining the goals that you wish to obtain from these psychotherapy sessions.

This approach allows me to pull from a number of useful tools so that I may best help you toward improving and in the best interest of your mental wellness.

Financial Responsibilities

I do not involve myself with your billing an insurance company. I will provide you with a receipt that you can remit for reimbursement. Full payment is given by the end of each session. The fee for each session is \$125 for a 50 minute session. This fee may increase by not more than ten dollars every two years. If this fee will create economic hardship it can be adjusted. The fee for returned checks is \$40.00. If we speak on the phone or email I will prorate my fees if I have to spend more than ten minutes reading and responding. I require a minimum of 24 hours for cancellation of your appointment or you will be charged the full fee for your time. If you fail to pay any costs or outstanding balance you agree to pay the costs incurred for collection.

Benefits and Risks of Therapy

You may have unpleasant feelings or bad memories from your therapy. It may feel uncomfortable for you to discuss some of your issues. You may remember past problems or uncover new issues. There may be an increase in symptoms when you are attempting to make changes in your life. There is a risk that therapy will fail to help you to your goals.

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Therapy has been shown to be effective in numerous studies. Therapy can help you feel better and relieve depression and anxiety. Your assertiveness communication, coping skills and relationships may improve. You may also grow in unexpected ways.

Confidentiality and Responsibilities

You have the right to confidentiality in your therapy with me with the following mandated reporting exceptions:

Any child abuse or suspected child abuse must be reported by law. If you are a danger to yourself or others you will lose the right to confidentiality. If there is elder abuse or suspected elder abuse it must be reported.

You have the right at any time to ask for a referral if you think that you can make progress with another therapist. If you believe that I have acted unethically or unprofessionally, you may report me to the California Board of Psychology.

Termination of Service

I may terminate services in the following instances: If it becomes apparent that you no longer need services or you are no longer benefitting from therapy. If I am threatened or in danger by the client or any other person with whom you have a relationship. Or if you do not pay your fees, however I will provide pre-termination counseling and will suggest alternative providers.

In the event that I am unable to complete services to you for reasons such as illness or vacations, I will ensure that you are provided with a competent alternate who can give appropriate resolution to your care.

Multiple Relationships

As your therapist I will be unable to be a close friend or to socialize with you. I will not allow you to join with me in any internet social networking. I will not attend your family gatherings or exchange gifts.

The Health Insurance Portability and Accountability Act (HIPAA)

Your records, personal health information and personally identifiable information are protected under this act. In addition to this informed consent form, you will be provided with a handout so that you are fully aware of your rights and protection of confidential protected healthcare information. Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this statement.

Client Signature

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References

- Health and Human Services. (2009, January). *Notice of Privacy Practices for Protected Health Information*. Retrieved April 12, 2016, from <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>
- Nova Southeastern University. (n.d.). *The College of Psychology at NSU-Informed Consent*. Retrieved April 12, 2016, from <http://psychology.nova.edu/>
- Psychology in Seattle. (n.d.). *Psychology in Seattle-Informed consent form*. Retrieved April 12, 2016, from <http://psychologyinseattle.squarespace.com/informed-consent-form/>
- Southwest Counseling. (n.d.). *Informed Consent Form*. Retrieved April 12, 2016, from <http://www.southwestcounseling.org/>
- Wasch, H. H. (n.d.). *Clinical Psychologist - Home*. Retrieved April 12, 2016, from <http://www.heidiwasch.com>