

INFORMED CONSENT

The purpose of this document is to allow you, the client, to make an informed decision regarding treatment. The following are general treatment issues you should be aware of:

The Process of Therapy: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires efforts on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask you for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. Although the primary outcome of therapy is usually positive change, therapy can also result at times in some negative feelings or unexpected changes. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing some discomfort or strong feelings of anger, sadness, worry, fear, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which may possibly cause you to feel upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. For example, psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships that were not intended at the onset of therapy. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, EMDR, Internal Family Systems, psychodynamic, or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Treatment Length: Treatment sessions are generally on a regular weekly basis, and last 50-60 minutes, unless otherwise indicated. The length of treatment varies from person to person depending upon the issues they are dealing with and the desired outcome of treatment. We can discuss an approximate length of treatment after the first few sessions.

Fees: If you decide to pay in cash for your treatment, my fee is \$200 per 50-60 minute session. In special cases of financial hardship, I am willing to discuss a sliding scale fee. Payment is required at the time of your session. Payment can be made by cash, Visa or Master Card, personal check, money order or cashier's check. If you decide to use your insurance coverage to pay for your treatment, I will be responsible for billing your insurance company and obtaining payment. I use a billing service to collect payment from insurance companies. The name of that billing service is Carson Billing. This company will have access to your insurance information, demographic information, and diagnoses in order to do my billing. They understand the importance of confidentiality and must adhere to the same legal and ethical considerations of confidentiality that I must. If your coverage requires a co-

payment, that amount will be due at the time of each session. If your insurance is a PPO plan that I am not a preferred provider for, I will bill your insurance, but you will be required to pay my full fee at the time of service. Your insurance company will mail a check to you directly for the amount they cover.

No-Shows and Cancellation: In order to avoid being charged for your session, cancellation must be made at least 24 hours prior to the scheduled visit. If you cancel within less than 24 hours prior to the session you will be charged a late cancellation fee of \$50. If your cancellation is due to an emergency or illness you will not be charged. If you do not show up to your session, you will be responsible for paying the full amount that I would have collected for that session. For example, if your insurance company typically pays \$100 and your co-pay is typically \$20, you will be responsible for paying \$120.

Confidentiality: Your right to confidentiality and privacy is always respected within the limits of the law. Confidentiality must be broken under the following circumstances. If you indicate that you intend to hurt or kill yourself or someone else, I must act to protect you or the other person. If you report any incidents of child abuse, elder abuse, or abuse of a disabled adult, I am mandated to report this information to the authorities.

If you are court-mandated to attend counseling, it will be necessary for me to communicate with the referring party regarding your attendance, progress, and other relevant issues. I will ask that you sign a release of information form, giving me permission to speak with the court under this circumstance.

If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or my testimony.

In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality does not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgement when revealing such information.

If you plan to use insurance to cover the cost of your therapy there are certain limits to confidentiality. When an insurance claim is filed, diagnostic information is submitted, and the insurance company has the right to request access to your records. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or future capacity to obtain health insurance, life insurance, or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and may be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank information is always in question as computers are inherently vulnerable to break ins and unauthorized access.

The only other exception to confidentiality is if I receive a court order from a judge to release your records. I will attempt to get your permission first in this circumstance as well. Other than the reasons mentioned above I will not release information regarding your treatment without your consent.

Consultation: I consult regularly with other professionals regarding my clients in order to best treat them, however, client's names or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential and sensitive nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...), neither you nor your attorneys, nor anyone else on your behalf will call on me to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Records: As a client, you have the right to a copy of your record or a summary of the record; however, the original record remains my property.

Availability during evenings, weekends, and holidays: I am available for brief routine discussions and conversations Monday through Friday 9:00 A.M. until 6:00 P.M. at 858-442-5119. If you experience an emergency when I am not available, I encourage you to call your psychiatrist or primary care physician, 911, or the crisis line at 1-888-724-7240. I am not available for emergencies outside of my stated business hours unless we have agreed otherwise.

Treatment of Minors: Generally speaking, minors (children under the age of 18) will only be treated when a parent or legal guardian signs a consent for me to provide therapy to a minor. However, there are certain exceptions in the law that allow minors to be treated without parental consent. When treating a minor with parental consent, the information shared with me by the minor will be held in confidence in order to build trust and a therapeutic alliance with the minor client. I usually only provide the parents/legal guardian with general feedback (e.g., whether or not the minor is attending therapy, and his/her general progress in treatment). If the child is younger, I am more likely to involve the parents in treatment and discuss with them the content of our sessions. It may also be appropriate to include the parents in the treatment of an older child or adolescent, however, I usually do this only when I have the permission of the minor. I am permitted by law to inform parents/legal guardians when a minor is a danger to self or others.

Your signature below acknowledges that you have read and understood this document, asked any questions you may have, and voluntarily consent to treatment.

Signature of Client

Date

Parent, guardian, or authorized representative

Date

Eileen Callahan, PhD

Date