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INFORMED CONSENT FOR SERVICES

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

Psychological Services

The therapy process is a partnership between you and the psychologist to work on areas of concern in your life, develop growth and insight, and improve your overall well-being. For therapy to be effective, it is necessary for both of us to take an active role in this process. Participation involves being open to the psychologist's thoughts and ideas, being honest with your psychologist, completing outside assignments, and providing ongoing feedback about the process.

Psychotherapy can have benefits and risks. Because therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, loneliness, and helplessness. However, through this challenging work, many benefits can be experienced, such as improved relationships, decreased distress, and solutions to specific problems. For you to maximize your experience, it is helpful to discuss any questions or discomfort you may experience during the therapeutic process. I will work to help you understand the experience and/or use different methods or techniques that may lead you towards the growth you desire.

You have the right to decide not to enter therapy with me. If you feel that you are not making progress towards your goals, you may terminate the therapeutic relationship at any time. I will provide you with a list of referrals for therapists in the community. To help you transition, I may request one last formalized session, so you can provide feedback and consider your next steps.

Sessions

I typically conduct an ongoing evaluation over the first several sessions. During this time, we can both decide if I am the best person to provide services you need to meet your treatment goals. Once we begin psychotherapy, we will most likely schedule one 50-minute session per week, although some sessions may be longer or more frequent depending on the nature of the treatment. We may re-evaluate the frequency of your sessions as situations arise and/or as you move towards your goals.

Cancellations

Therapy is more effective when an individual attends appointments in a consistent manner. I expect you will try to give me more than 24 hours notice if you must cancel the appointment. If, for any reason, you cannot let me know more than 24 hours in advance you will be charged the regular fee for the

time reserved. If your appointment is rescheduled for the same week without more than 24 hours notice, you will still be charged for the reserved time.

Fees

Therapy is a personal investment in one's own growth and overall well-being. It is expected you will pay for the therapeutic services provided. The fee for service is \$125 for a 50-minute session, and payment must be rendered at the end of each session. Limited sliding scale fees are available for psychology students and new psychology professionals, as well as for current clients experiencing financial strain with proper documentation. Sliding scale fees are subject to increase at any time and the discount will be terminated if the client is not consistent with appointments. Payment can be made with PayPal, Zelle, cash or a personal check. If you have insurance coverage, I will be glad to provide you with an invoice satisfactory for filing your insurance claim at the end of each session. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

Contacting Me

Phone calls: I recognize situations may arise, and you may want to speak with me via telephone in between sessions. You are welcome to contact me, and your call will be answered when I am available. Please be aware you will be billed in 15 minute increments after the first 15 minutes. If you are experiencing an emergency, please contact 911 or the Crisis Intervention of Houston Hotline at (713) 468-5463.

Email/Text: Although e-mail and text messaging have become a major means of communication between individuals, these forms of communication have significant limitations. As such, you may communicate via e-mail or text messaging for issues regarding scheduling or cancellations only. Please be aware any email and text exchanges become a part of your clinical record.

Confidentiality

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information to others about your treatment if you sign a written authorization form. There are certain circumstances, however, when a psychologist is required to disclose confidential information without consent from patients. These circumstances include, but are not limited to:

- a. If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her and/or contact family members or others who can help provide protection.
- b. If a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include contacting the police or seeking hospitalization for the patient.
- c. If I believe a child, disabled adult, or elderly person has been abused, the law requires I file a report with the appropriate state agency. Once a report is filed, I may be required to provide additional information.
- d. If I believe another mental health professional has engaged in sexual misconduct, the law requires I file a report with the appropriate governmental agency. Once a report is filed, I may be required to provide additional information.
- e. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient to defend myself.

- f. If a patient is involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist/patient privilege law. I cannot provide any information without written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important we discuss any questions or concerns you may have. You may also contact the American Psychological Association at www.apa.org or the Texas State Board of Examiners of Psychologists at (512) 305-7700 or <http://www.tsbep.state.tx.us/>.

Additionally, I may occasionally find it helpful to consult other health and mental health professionals about a case. During our consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel it is important for our work together. I will note all consultations in your clinical record.

Professional Records

Pursuant to HIPAA, I keep Protected Health Information about you in your clinical record. Your record contains information including: your reasons for seeking therapy, a description of the ways in which your problem impacts your life, diagnosis, goals we set for treatment, progress toward those goals, medical history, social history, treatment history, treatment records I receive from other providers, reports of any professional consultations, and any reports that have been sent to anyone.

Your record will not be released without your written consent except in the situations described under Confidentiality. Upon request, you may review your record. You will be asked to arrange an appointment to review the information in my presence so we can discuss the contents. You reserve the right to request corrections or additions to your records. You may be charged a full or partial session fee for administrative costs/time related to getting copies of your records. Counseling records are maintained for 10 years after your last contact with me.

Records are stored in a record-keeping system produced and maintained by SimplePractice, LLC. This system is “cloud-based,” meaning the records are stored on servers, which are connected to the Internet. SimplePractice, LLC employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure. SimplePractice, LLC is HIPAA-compliant. All data is hosted on a Tier 1 secure hosting provider, and the servers are housed in a secured facility protected by proximity readers, biometric scanners, and security guards. You can read more at <https://www.simplepractice.com/security/>.

CONSENT FOR SERVICES

Your signature below indicates you have read and agree to the terms discussed above.

Signature of Patient

Date

Name of Patient (*Please print*)