

Fullchange Therapy
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Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends upon many factors, including but not limited to your level of motivation and desire to change, the effort that you put forth in following through with agreed upon therapeutic tasks outside of session, keeping your appointments, and your willingness to be open with me as we work together. The therapeutic process may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Initially, I will conduct a clinical interview to assess the nature of the presenting problem(s). You might be asked to complete psychological inventories to gather additional information. Outside records from previous mental health providers or discussion with important family members may be requested for which a signed release of information is necessary.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These feelings or memories may bother you at school, home or at work. Some of the changes you make as a result of psychotherapy may not be welcomed by other people in your life. This may result in some strain in your relationships with family and others. Therapy may disrupt a romantic relationship. Sometimes, too, it is possible for a patient's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits leading to better relationships, solutions to specific problems and reductions in feelings of distress. But there are no guarantees of what you will experience. The outcome is based upon our joint effort in working collaboratively toward specific goals.

The first few sessions will most likely involve an evaluation of your needs, agreement on goals, and my first impressions of our work and treatment plan. I recommend you evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my treatment procedures, we should discuss them whenever they arise. If

your doubts persist, I will be happy to help you set up a meeting with another therapist for a second opinion or referral.

For Parents

If you are a parent your participation in your child's counseling is important for long-term gains. You may need to learn a different way of dealing with your child to facilitate and maintain gains. I will ask for your feedback and views on your (your child's) therapy, progress and other aspects of the therapy and will expect you to respond openly and honestly. If one caregiver has custody of the minor, then documentation identifying the managing conservator will be required before treatment begins.

For Couples

When working with a **couple**, I consider the relationship between the members to be my patient. As such, sessions will only be conducted with both parties present, unless agreed upon by both parties and by myself as clinically recommended. If one member of the couple is unable to attend a couples session it will need to be rescheduled. It should be noted that confidentiality applies to the couple and statements made in any individual sessions and information may be shared with the partner (or you may be asked to share the information) based on my clinical judgment. I do not see individual members of the couple for their own individual treatment while conducting couples therapy.

Termination

How long you remain in therapy and the frequency of sessions is a matter best discussed while we work together to achieve your goals. While it is your right to end therapy at any time, when you decide to end treatment it is in your best interest to discuss this with me beforehand. If I determine that I cannot provide appropriate services to you for any reason, I will terminate our treatment and refer you to other professionals. If you request it and authorize it in writing, I will talk to the new therapist in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you with referrals. Upon termination of therapy for any reason, the termination will be confirmed in writing.

Fees

Your fee is set at \$150 per 50-minute session. You are expected to pay for each session at the time it is held. In addition to psychotherapy sessions, I charge this amount for other professional services you may need or request, such as report writing, telephone conversations of ten minutes or more, consultation with other professionals with your written permission, and preparation of records or treatment summaries. The time spent performing any other service you may request of me will incur additional charges. I will prorate the cost if I work for periods of less than one hour.

There is a full session fee charge for missed appointments or cancellations made without 24-hour notice. The charge may be waived in the case of a reasonable emergency. I reserve the right to request that you provide a credit card number to be kept on file so that it may be charged for any missed appointments.

All fees are subject to change. You will be notified in writing of any changes to your fees ahead of any charges.

Litigation Policy

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 nature, it is agreed that should there be legal proceedings (including but not limited to divorce and custody disputes, injuries, lawsuits, depositions etc..), neither you, your attorneys or anyone acting on your behalf will subpoena records from my office, or subpoena me to testify in court or in any legal proceeding. By your signature below, you agree to abide by this agreement. If I am subpoenaed to provide records or testimony in violation of this agreement, you acknowledge and agree you will pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. If you become involved in any legal matter that requires my services, there is a fee of **\$350 per hour** and this includes preparation time, travel time and attendance at any legal proceeding. I also reserve the right to terminate our professional, therapeutic relationship immediately and refer you to other mental health providers.

I will NOT provide custody evaluations or recommendations. I will NOT provide medication or prescription recommendations. I will NOT provide legal advice. None of these activities are within scope of my practice.

Use of Electronic Communications

I will use email communication only for administrative purposes, such as scheduling and billing. Email is an inherently insecure form of communication, so please do not email me about clinical matters. If you need to discuss a clinical matter between sessions, please call me. Any emails you send to me can be printed and will become part of your clinical record.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If I learn of previous sexual exploitation by a mental health provider, I am required to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider. The patient has the right to remain anonymous when the report is filed.
7. If a court of law issues a legitimate subpoena for information stated on the subpoena.
8. If you file suit against me for any reason related to your therapy.
9. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
10. If third party payers (i.e., insurance companies) or those involved in collecting fees for services require additional information.

11. Information contained in communications via computers with limited security/control, such as email and telephone conversations via cell phone is not secure and can compromise your privacy.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

I require an emergency contact for your file. This individual will only be contacted in emergency situations that require assistance. This is not a release to speak with this individual about your file other than what would be immediately necessary information regarding the emergency at hand.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Emergencies

If you experience a life-threatening emergency, go to the nearest hospital emergency room and request to see a mental health professional. Another option is to call 911. If you are suicidal you can call the **Dallas Suicide and Crisis Center (214) 828-1000** or the Suicide Prevention Lifeline **1-800-273-TALK (8255)**. If you have insurance, you can call the number listed on the back of your card and get a referral to an in-network psychiatric hospital for consultation with an intake specialist.

If you are taking any psychotropic medications, it is important to coordinate a crisis response plan with your physician to determine what steps you should take in a crisis. If at any time you experience suicidal thoughts during our work together, we will develop a detailed Crisis Response Plan specific to keeping you safe. When a Crisis Response Plan is developed it is important you have it readily available to use should the need arise. It will detail steps for you to follow.

Records and Your Right to Review Them

Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and treatment plans. Texas law requires that I maintain appropriate treatment records for at least 10 years from the last date of service. If the client is a minor child at the time services are provided, the records are kept for 10 years after the client's 18th birthday. As a client, you have the right to review your records or receive a summary of your records. Texas law requires that all requests to review or obtain copies of your records must be made in writing. The records can be misinterpreted and/or can be upsetting to lay readers. If you request a copy of your records, I will provide them to you within 15 business days of receiving the request unless I believe that to do so would endanger your life or the life of another person. The charge for providing you with a copy of your records is \$25.00. By law, I am not required to provide copies of requested records until the fee is paid.

Complaints

You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may inform your insurance carrier and file a complaint with them or

with your therapist's licensing board: The Texas State Board of Examiners of Psychologists (800-821-3205).

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name: _____

Signature: _____

Date: _____