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Informed Consent for Psychotherapy

Welcome to my practice. I have found that it is helpful to clarify the following topics when beginning a contract to provide psychological services. If you have any questions, please feel free to ask me for clarification. When you sign this document it will represent an agreement between us.

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. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and behaviors. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Change will sometimes be swift and easy and often it will be slow and even frustrating. During the course of therapy, I will draw on various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches include psychodynamic, behavioral, cognitive-behavioral, existential, systems/family, developmental or psycho-educational. Therapy involves a commitment of time, money and energy, so you should evaluate this information along with your own opinion and whether you feel comfortable working with me. Please feel free to discuss any questions or concerns that may arise.

LIMITS OF CONFIDENTIALITY

1. I abide by and respect the ethical code of confidentiality in my work. State law and professional ethics require that I maintain confidentiality. The information and nature of our sessions will not be disclosed to any person without prior consent to do so *except* under certain legally defined situations involving threats of self-harm or harm to others, situations of child abuse, elder abuse, or abuse of dependent individuals. In the case of self-harm, I am ethically bound to inform the nearest relative, significant other, or to enlist methods to prevent self-harm or suicide. In the case of danger to others, I am required by law to notify the police and to inform the intended victims. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities. I will take the necessary steps to protect the safety and well being of those concerned.
2. The therapeutic process involves making disclosures with regard to many matters that may be of a confidential nature. I will not testify nor provide summary of sessions for the purpose of divorce or custody issues. I do **not** do custody evaluations. If I am subpoenaed for any reason, the fee to the party demanding such services will be \$250.00 per hour for all activity, including travel time, court appearances etc., related

to providing such a service. A retaining fee of \$2000.00 per day is required and is to be paid in advance.

3. When working with a minor under the age of eighteen, I respect his/her right to confidentiality. Both parents are entitled to know the nature and progress of the child's therapeutic care and I will provide general information about the child's progress, unless I feel there is a high risk that the child will seriously harm him/herself or someone else. It is my policy to include children in the room when parents wish to talk with me about the child.
4. Clients being seen in couple, family and group work are obligated to respect the confidentiality of others. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in the treatment process.
5. I consult regularly with other professionals regarding patients; however, the patient's name and other identifying information are **never** disclosed. The patient's identity remains completely anonymous and confidentiality is fully maintained.
6. My accountant has access to locked and coded records but is legally charged with confidentiality.
7. It is also important to be aware of other potential limits of confidentiality including if you are required to sign a release of confidential information by your medical insurance. Also, if you are required to sign a release for records if you are involved in litigation or others matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights.

FEES AND TIME

1. My hourly fee is \$150. You are responsible for full payment of all psychological services. Fees are payable at each session unless other arrangements have been made in advance. Payment plans are available. MASTERCARD and VISA are accepted.
2. The time I have for seeing patients is valuable and limited; therefore, **I must charge you for your appointments if missed or cancelled less than 24 hours in advance.** Most insurance companies do not reimburse for missed sessions.

INSURANCE

1. The submitting of bills to the health insurance carrier and negotiations with the insurance company is a matter between you and the insurance company. You pay me directly at each session or if I agree to send a statement, you will pay in full no later than the tenth of each month. If you want to make a claim for insurance reimbursement, fill out an insurance claim and attach a copy of the monthly statement you receive from my office. Reimbursement from the insurance company should go directly to you.

2. You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep information confidential, I have **no** control over what they do with it once it is in their hands. I strongly recommend that you carefully consider the possible consequences of sharing confidential information about yourself with any insurance company.

TELEPHONE CALLS AND EMERGENCY PROCEDURES

1. I prefer to see and talk with you in person at a scheduled office session; however, there are times when telephone calls are needed. You will be charged for any telephone call over 15 minutes at the fee rate of your office session.
2. When I am unavailable by phone, my phone is answered by confidential voice mail. I will make every effort to return your call the same day, please leave me some times when you will be available. If you have an immediate emergency, please call 911 for help. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

ABOUT THE RELATIONSHIP WITH THE THERAPIST

Because of the nature of psychotherapy, the therapeutic relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a "dual relationship". Therapy professions have rules against such relationships to protect us both.

- I cannot be your supervisor, teacher, or evaluator.
- I cannot have any other kind of business relationship with you besides the therapy itself.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client.

There are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions. A therapist offers you choices and helps you consider what is best for you.

Lastly, when therapy is completed, I will not be able to socialize with you like your other friends. In sum, my duty as a therapist is to care for you and my other clients, but only in the professional role of therapist. I am not permitted to give or to receive gifts from clients except tokens with personal meaning to the therapy process.

PATIENT'S RIGHTS

Our relationship is strictly voluntary and you may leave the psychotherapy relationship at any time.

ARBITRATION AGREEMENT

I agree to address any grievances I may have directly with my therapist immediately. If we cannot settle the matter between us, then a jointly agreed-upon outside consultation will be sought. If not, an arbitration process will be initiated under the auspices of the American Arbitration Association, which will be considered as a complete resolution and legally binding decision under state law. In agreeing to treatment, you are consenting to the grievance procedures.

This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract. I have read the above agreement carefully and I understand and agree to the conditions of this contract.

Patient Signature

Date

Therapist Signature

Date

Legal Parent or Guardian Signature

Date

Statement of the Therapist

This document was discussed with the patient and questions regarding fees, diagnosis, and treatment plan were discussed. I have assessed the patient's mental capacity and found the patient capable of giving an informed consent at this time.

Date and Initial of Therapist _____.