



# Informed Consent

Welcome to Good Therapy San Diego.

We appreciate your giving us the opportunity to be of help to you.

This brochure answers questions that clients often ask about therapy. We believe our work will be most helpful to you when you have a clear idea of what we are trying to do. Please read this brochure and mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting.

## About Psychotherapy

We strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Please see our website or ask us more about our background, theoretical approach, central ideas, goals for treatment, and the type of therapy we provide.

We usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. By the end of our first or second session, we will tell you how we see your case at this point and how we think therapy should proceed. We view therapy as a partnership. You define the problem areas to be worked on; we use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, we want you to tell us about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

We will plan our work together as a team. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. We will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. We might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.

There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions. Most of our clients see us once a week for 3 to 4 months. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, we ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “timeout” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

### **The Benefits and Risks of Therapy**

Although therapy has been shown by scientists in hundreds of well-designed research studies to be helpful for many issues, there are no guarantees about treatment outcomes or what the client will experience. Therapy requires effort of on the client’s part to work on issues in session as well as at home. When exploring issues in treatment, the client may feel discomfort, anger, sadness, and anxiety, as well as joy and relief. It is the goal of the therapist to assist the client in coming to terms with difficult material while acquiring coping to skills to manage difficult feelings. Attempting to relieve issues between family members can also lead to discomfort and may result in changes that were not originally intended. The client is encouraged to discuss any uncomfortable thoughts and feelings with the therapist as they arise during the course of treatment.

### **Consultations**

If you could benefit from a treatment we cannot provide, we will help you to get it. You have a right to ask us about such other treatments, their risks, and their benefits. Based on what we learn about your problems, we may recommend a medical exam or use of medication. If we do this, we will fully discuss our reasons with you, so that you can decide what is best. If another professional treats you, we will coordinate our services with them and with your own medical doctor.

If for some reason treatment is not going well, we might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, we cannot continue to treat you if our treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, We will help you find a qualified person and will provide him or her with the information needed.

### **What to Expect from Our Relationship**



As a professional, we will use our best knowledge and skills to help you. This includes following the standards of the National Association of Social Workers (NASW). In your best interests, the NASW put limits on the relationship between a therapist and a client.

First, we are licensed and trained to practice psychotherapy—not law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws require us to keep what you tell us confidential (that is, just between us). You can trust us not to tell anyone else what you tell us, except in certain limited situations. We explain what those are in the “About Confidentiality” section of this brochure. Here we want to explain that we try not to reveal who our clients are. This is part of our effort to maintain your privacy. If we meet on the street or socially, we may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the NASW standards, we can only be your therapist. We cannot have any other role in your life. We cannot, now or ever, be a close friend to or socialize with any of our clients. We cannot be a therapist to someone who is already a friend. We can never have a sexual or romantic relationship with any client during, or after, the course of therapy. We cannot have a business relationship with any of our clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that we will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and we must put this relationship first.

### **About Confidentiality**

We will treat with great care all the information you share with us. It is your legal right that our sessions and our records about you be kept private. That is why we ask you to sign a “release-of-records” form before we can talk about you or send our records about you to anyone else. In general, we will tell no one what you tell us. We will not even reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of our profession. Here are the most common cases in which confidentiality is not protected:

1. When there is reasonable suspicion of child abuse or neglect, elder abuse, or dependent adult abuse
2. If the client threatens to harm another person
3. If the client threatens to harm himself/ herself
4. Records are subpoenaed by court
5. The client has authorized a release of information by his/ her signature



There are three situations in which we might talk about part of your case with another therapist or entity. We ask now for your understanding and agreement to let us do so in these two situations.

First, when we are away from the office for a few days, we have a trusted fellow therapist “cover” for us. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, the same laws and rules bind this therapist, as we are to protect your confidentiality.

Second, We sometimes consult other therapists or other professionals about our clients. This helps us in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. Third, as part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and our treatment methods. It will become part of your permanent medical record. We will let you know if this should occur and what the company has asked for. Please understand that we have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

### **About Our Appointments**

The very first time we meet with you, we will need to give each other much basic information. Therefore, therapeutic intervention is often limited. Following this, we will usually meet for a 50-minute session once or once every other week, then less often. We can schedule meetings for both your and our convenience. We will tell you in advance of our vacations or any other times we cannot meet. Please ask about our schedule in making your own plans.

**You will be charged \$25 for sessions cancelled with less than 24 hours’ notice, for other than the most serious reasons.**

Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency), if the appointment is not kept or is cancelled with less than 24 hours’ advance notice, you can expect us to charge you for it.

### **Fees and Payments**

Payment for services is an important part of any professional relationship. This is even truer in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that our services are paid for. Meeting this responsibility shows your commitment and maturity.

The client will provide a credit card number in order to hold his/ her appointment and will be charged after each session on this same card. Other arrangements can be made to pay with cash or check, but must be made with the therapist prior to the session. If requested, a billing



statement will be provided to the client so that they may be reimbursed directly by their insurance company. All checks will be made out to Good Therapy San Diego.

### **Telephone consultations:**

We believe that telephone consultations may be suitable or even needed at times in our therapy. Phone calls that are less than 10 minutes will not be charged. Longer calls will be charged the regular fee, pro-rated over the time needed. If we need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with us in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, we will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

### **\*\*Electronic Communication**

\*\*I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the



conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

## **Minors**

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## **If You Need to Contact Me**

We cannot promise that we will be available at all times. Although we are in the office Monday through Friday, we usually do not take phone calls when we are with a client. You can always leave a message on our answering machine, and we will return your call as soon as we can. Generally, we will return messages daily except on weekends and holidays. If we are out of town, or otherwise unavailable, we will let clients know in advance unless an emergency arises such as a sudden illness, or family emergency. In this case, a qualified professional will notify you and will discuss treatment options.

If you have an emergency or crisis, leave an urgent voicemail and we will try our best to return it as soon as we can. If you have a behavioral or emotional crisis and cannot reach us immediately by telephone, you or your family members should call 911 or visit the closest Hospital Emergency Room.

## **Our Agreement**



I, the client (or his or her parent or guardian), understand we have the right not to sign this form. My signature below indicates that we have read and discussed this agreement; it does not indicate that we are waiving any of our rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment we have questions about any of the subjects discussed in this brochure, we can talk with you about them, and you will do your best to answer them. I understand that after therapy begins we have the right to withdraw our consent to therapy at any time, for any reason. However, we will make every effort to discuss our concerns about our progress with you before ending therapy with you.

I understand that no specific promises have been made to us by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to us, the issues and points in this brochure. I have discussed those points we did not understand, and have had our questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of our ability, as shown by our signature here.

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by our signature here.

I truly appreciate the chance you have given us to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with our services as we proceed, I (like any professional) would appreciate your referring other people to us who might also be able to make use of our services and/ or writing a review on Yelp or Google.

