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Informed Consent for Consultation

Initial Consultation

This consultation with the Director is to allow Dr. Andrea Davis to get to know your situation so that she may offer meaningful guidance, including best next steps, appropriate treatment approach, appropriate match with a therapist, etc. You must sign the Consent to Treatment on the second page before this consult.

Fee

The fee for this initial session is \$170.

Third Party Payers

If you choose to use medical insurance to cover psychological services, the patient must meet the criteria for a formal psychological diagnosis in order to submit a claim. If you use insurance or any third party payer (e.g., Regional Center, School District, or EAP), basic information such as diagnosis, goals, progress, and treatment plans will be required from us. We cannot guarantee the confidentiality of your information once we send it to your third party payer. Any deductibles, co-payments, coinsurance, and denied charges are your responsibility to cover.

Confidentiality

We will not disclose any information about you or your child to outside parties without your explicit request. However, the law requires that mental health professionals must release information in the following situations: 1) reasonable suspicion child, spousal, or elder abuse, 2) danger to self or others, 3) if a judge orders a release of your records to the court, or 4) if you have chosen to make your mental state an issue in a legal proceeding. Your signature attests to this agreement.

Benefits and Risks; Consumer Rights

The benefits of an initial consult include finding assistance and support for challenging events, emotional states, or life situations. The risks include: discomfort resulting from experiencing painful feelings while discussing your situation. You have the right to ask questions about any aspect of psychological services at any time. You have the right to end the meeting at any time. You may ask for appropriate referrals at any time.

Consent to Initial Consultation

I consent to terms mentioned above for myself (or for my child).

Signature

Date

Name

DOB

Name of child (if applicable)

DOB

Home Phone

Cell/Pager

Email address

Home Address

Who referred you?

If you are asking me to submit a claim to insurance for this visit for you, you must pay your correct deductible (if not met) or copay/coinsurance and you must list below:

Insurance company name:

Insurance company's claims complete mailing address:

Insurance telephone number for Mental Health Providers to call:

Name of Patient and Patient Date of Birth:

Subscriber ID#:

Subscriber or Policyholder Name and Date of Birth:

Home Address listed on policy: