Informed Consent for Initial 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 during the meeting and in the future, including best next steps, appropriate treatment approach, appropriate match with a therapist, etc. You will receive additional information that will help you know what to expect from ongoing psychological services when you are matched with your treatment provider. You must sign the Consent to Treatment on the second page before this initial consult. More thorough forms will be given when are matched.

Fee
The fee for this initial session is $150.

Third Party Payers
If you choose to use medical insurance to cover psychological treatment, the patient will need to meet the criteria for a formal psychological diagnosis. Also, 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: finding that the agency is not the correct fit for your needs or 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 consult 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 (Self, or Caregiver 1 if patient is a child)          DOB

____________________________
Name of child (if applicable)          Child’s DOB

____________________________
Home Phone          Cell/Pager          Email

____________________________
Home Address

____________________________
Signature                          Date

____________________________
Name (Caregiver 2)          DOB

____________________________
Home Phone          Cell/Pager          Email

____________________________
Home Address

Who referred you?