Greenhouse
Therapy Center
for growing people

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Informed Consent for Psychological Services

Therapy Process

Psychotherapy is an exciting journey into healing and growth. Going to a therapist may be likened to hiring a coach to accompany you as you embark on a physical fitness program. The success will depend on the therapist's skill, your interpersonal connection with the therapist, and your desire for change expressed in your efforts devoted to self-reflection, complete honesty, experimentation, openness. The magnitude and rate of personal change are mostly determined by the client.

Parents of children in treatment are invited to schedule consultations with the therapist on a monthly or biweekly basis so that they can be partners in the treatment process. Any communication with the child's therapist should happen by email, by telephone, or during parent consultation sessions rather than during the child's session so that the child does not overhear such conversations and so the child is not required to shorten his or her session in order for the parent to talk to the therapist.

Emergencies

If you have a life-threatening emergency, you must call 911 or go to the nearest emergency room. If you need to reach me urgently, please telephone me at:

_____

and leave a detailed voice message on my voicemail. If for some reason you do not hear back from me soon enough and feel you need to speak with someone right away, you may page the Director, Andrea Davis, Ph.D. at (626) 728-5640 and follow her emergency procedures. Some numbers which might also be of assistance: Pasadena Mental Health (626) 709-0907; Las Encinas Hospital (626) 795-9901; Huntington Hospital (626) 397-2324; L.A. County/USC Medical Center (323) 226-5598; National Suicide Hotlines (800) 784-2433.

Fees

Session fees are $150 for initial session and $130 thereafter per 50-minute session. Fees are paid at the start of the session and any additional services provided between appointments. It is well known that therapy proceeds best when there is no outstanding balance to complicate your feelings about the therapy and the therapist. Some clients prefer to pay monthly at the start of the month. If you request letters, reports, or telephone conversations, you will be billed at a rate of $32.50 per quarter hour increment.

Cancellations

When you reserve a specific or a standing appointment time, you are responsible to pay for that session unless you free that time block for use by another client by cancelling at least 24 hours ahead of time. Cancellations are discouraged partly because they can reduce the effectiveness of treatment; effectiveness is dependent upon the rhythm and regularity of contact with the therapist. If you are on a trip, have a transportation difficulty, or are ill, you may utilize a telephone session in place of an office visit. Most cancellations can be avoided in this manner.

Health Insurance Claims

If you choose to use medical insurance company 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, basic information about you 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 co-payments, deductibles, denied charges, and **charges for missed appointments** are your

responsibility to cover. Insurance will not cover any payment for missed appointments, therefore you will be responsible to pay the full contracted rate for the session (not just the copayment amount).

Confidentiality

One of the powerful factors involved in developing a healing relationship is confidentiality. We will not disclose any information about the client to outside parties without the client's or guardian's explicit request. However, the law requires that mental health professionals must release information without consent in the following situations: 1) if there is reason to suspect abuse of **any** child, spouse, elder or dependent adult, 2) if the client is deemed a danger to self or others, 3) if a judge orders us to release client records to the court, or 4) if you have chosen to disclose the client's mental state in a legal proceeding. Nevertheless, in order to protect the confidentiality of all treatment information, **you need to agree that neither you nor your attorney will ask or subpoena me to testify in court or release your therapy records to an attorney or judge.**

Minors, Couples, and Families

When minors are in therapy, we provide only general information to parents about the assessment, goals, methods, and progress of the treatment process. However, if a client may be at risk or in danger of harm, we will alert the parents or guardians of our concerns. In couple or family sessions where there are two or more participants attending cojoint therapy sessions regularly, all information shared by participants may be shared with everyone involved in treatment. If you are under eighteen years of age, the law provides your parents the right to review your written treatment records.

Benefits and Risks; Consumer Rights

Consumer rights to informed consent require disclosure of risks and benefits. The benefits of therapy are many, including reduction of distressing symptoms, increased insight and behavioral flexibility, deeper connections to others, and possibilities for deeper spirituality. The risks include discomfort resulting from experiencing painful feelings or from decisions to make life changes. You have the right to ask questions about any aspect of psychological services at any time. You have the right to end treatment at any time. You may ask for appropriate referrals at that time. You have the right to provide a written request asking me to release information to other professionals involved in your care.

Completion of Therapy

Therapy is complete when therapist and client believe the client can maintain the rate of growth independently. The ending of therapy is an important part of the treatment, as it is a time to consolidate gains and explore potential growth areas related to separation and loss. The treatment relationship should not be stopped abruptly but rather should be given adequate preparation and reflection time relative to the time spent in therapy. Please discuss with the therapist any thoughts about ending therapy so that a plan can be generated together. Parents in particular are urged to plan far in advance for this important goodbye process when considering ending their child's therapeutic work.

Consent to Treatment

I have received a copy of Office Procedures & HIPAA notice. I consent to therapeutic services for myself (or for my child).

Signature Date

Name Name of child (if applicable)

Three Goals for Treatment (Specific Desired Outcomes)

1. _____

2. _____

3. _____

Client Age Client Birth date Home Phone Work Phone Cell/Pager

Home Address/Phone

Emergency Contact – Name/Address/Phone

Medical Conditions

Prior and Current Medications – Drugs/Dates/Reason

Current Alcohol and Drug Use – Frequency/Amount

***Previous Psychological Services/Evaluations – Professionals' Name/Dates/Reason

(Previous Psychological Services/Evaluations continued)

Who referred you?