

## INFORMED CONSENT FOR TREATMENT

This document contains information about my professional services and business policies. Please read it carefully and jot down any questions you have so we can discuss them. Once you sign this, it will constitute an agreement between us.

**Services:** I provide counseling, psychotherapy, and EAP services to help individuals, couples, and families improve their psychological and social adjustment. These outpatient services include individual, couples, and family psychotherapy.

**Evaluation:** Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will discuss my initial impressions and we will develop mutually agreed upon treatment plan. You should evaluate whether you feel comfortable working with me. It is important that you are working with a therapist that is a good match for you as therapy involves a significant commitment of time, energy and money. If you are not satisfied with our initial connection I will assist you with other referrals.

**Contacting Me:** If you need to contact me between sessions please call or text me on my cell phone 760-492-7333. I will return your call as soon as possible usually within a few hours. I return all routine calls within 24 hours. If your call is urgent, please indicate it clearly in your message. If you are unable to reach me, and you feel you cannot wait for me to return your call, you may call your personal physician or the crisis hotline 1-800-479-3339 or go to the nearest emergency room.

**Professional Fees:** My hourly fee is \$125 for 50 minute psychotherapy sessions. Extended sessions, time spent writing reports and telephone conversations will be billed at the same rate. Clients who carry insurance should remember that professional services are rendered to you and not to the insurance company. If your insurance carrier denies payment you are responsible for the charges. All services are provided for a fee due at the time of service.

**Cancellation:** I have a 24 hour cancellation policy which requires you call to cancel or reschedule your appointment 24 hours in advance of your appointment time to avoid being charged a \$50 late cancellation fee.

**Risks and Benefits of Therapy:** Participation in therapy can result in a number of benefits to you, including improving your psychological/social adjustment and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. During evaluation or therapy, remembering or talking about unpleasant events or feelings can result in your experiencing discomfort or strong feelings of anger, sadness, or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, housing, or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. During the course of therapy, I 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 cognitive-behavioral, existential, family systems, and developmental psychology.

**Professional Records:** The law and standards of my profession require that I keep appropriate treatment records. You are entitled to a copy of the records. You will be charged a fee for copying costs and any preparation time required to comply with your request.

**Termination:** During the evaluation period, I will assess if I can be of benefit to you. If I do not feel I can help you I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I will discuss this with you and, if appropriate, terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time.

**Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

**Emergencies:** If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided to call in case of emergency.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Georgi Distefano, LCSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Considering all of the above exclusions,** if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

**MEDIATION & ARBITRATION:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Provider and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed.

*I, \_\_\_\_\_ have read this Consent Form carefully and I have asked questions about anything I have not understood. By signing this form I freely acknowledge my willingness to participate in psychotherapy to be facilitated by Georgi Distefano, LCSW and that I have received Georgi Distefano's Notice of Privacy Practices.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_