

**CONFIDENTIALITY, INFORMED CONSENT & OFFICE POLICIES**

**CLIENT NAME :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. This form provides you (client) with information that is additional to that detailed in the Notice of Privacy Practices. Please read it carefully and identify any questions you may have to discuss. Please initial each paragraph in the space provided indicating that you have read and understood the content of that paragraph. When you sign this document, it will represent an agreement between us.**

**THE PURPOSE OF THERAPY:** The purpose of therapy is to support and/or create positive change so the client can experience life more fully. It provides an opportunity to better, and more deeply, understand oneself, as well as any problems or difficulties such as abandonment issues or sadness due to divorce one may be experiencing.

**THE PROCESS OF THERAPY:** Psychotherapy is a process in which the therapist and the client discuss a variety of issues, events, experiences and memories for the purpose of creating positive change so the client can experience life more fully. It provides an opportunity to better, and more deeply, understand oneself, as well as any problems or difficulties one may be experiencing. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participation in therapy can result in a number of benefits to the client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improvement in interpersonal relationships, increased comfort in social, work and family settings, increased capacity for intimacy, increased self-confidence as well as resolution of the specific concerns that led you to seek therapy. Psychotherapy requires your very active involvement, honesty, and openness in order to change. As your therapist, I will ask for your feedback and views on your therapy, your progress, and other aspects of the therapy process. Although therapy typically has a positive outcome, there is no guarantee that therapy will yield all or any of the benefits listed above.

Participating in therapy may also involve some risk or discomfort, including remembering or talking about painful memories, unpleasant events, feelings, and/or thoughts. The process may evoke feelings of sadness, anger, fear, shame, anxiety, depression, etc. At times, I may challenge some of your assumptions and/or perceptions and propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing perceptions, beliefs, behaviors, employment, substances use, schooling, housing, or relationships. Sometimes, a decision that is positive for one family member can be viewed negatively by another family member. Personal growth and change may be easy and swift at times, but it may also be slow and even frustrating. I will strive to help make your therapeutic experience as productive as possible.

Initial: \_\_\_\_\_

**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 (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

Initial: \_\_\_\_\_

**When disclosure is required by law:** Some of the circumstances where disclosure is required by law are: when there is a reasonable suspicion of child, dependent or elder, physical or sexual abuse and/or neglect; and where a client presents a danger to self, to others; or is gravely disabled (see also Notice of Privacy Practices form)

Initial: \_\_\_\_\_

**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. Your therapist will not release records to any outside party unless they are authorized to do so by **all** adult family members who were part of the treatment.

Initial: \_\_\_\_\_

**Confidentiality of Records & Health Insurance:** Pursuant to HIPPA, your clinical file contains two types of information,

Protected Health Information (PHI) and a Designated Record Set. The Designated Record Set refers to information in your health record/file that can identify you. The PHI is your clinical record which includes information about your reasons for seeking therapy, a description how your problem impacts your life, your diagnosis, your treatment goals. Your medical, social and psychological history, your treatment history and treatment records that I receive from other providers, reports of professional consultations, your billing records, and reports that have been sent to anyone including your insurance carrier.

I keep a set of progress notes. These notes are for my use and are designed to assist me in tracking your treatment and providing you with the best treatment. While progress notes vary from client to client, they can include the contents of our conversations, my analysis of our conversations and how they impact on therapy.

Your health insurance carrier may require disclosure of confidential information when using your PPO coverage, or other third party payer, to process the claims. Only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the progress notes will not and cannot be disclosed to your insurance carrier. Your therapist has no control or knowledge over what insurance companies do with the information they submit or who has access to this information. Be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information, including a diagnosis, is entered into insurance companies' computers and will also be reported to the Congress-approved National Medical Data Bank. Any computer or database is subject to unauthorized access.

Client files and records are securely stored at my office. I practice in the same office with another mental health professional. I do not share Protected Health Information with the other professional in my office. All mental Health professionals are bound by the same rules of confidentiality. Client files are kept for seven years after the case is completed or until a child reaches the age of 21 if the child received treatment. After the records have been stored for the scheduled amount of time, the records will be shredded with a HIPPA compliance service. In the event of my death or my inability to authorize the release of your records, Peg Stewart, LPC, will be authorized to retrieve and release the records with appropriate authorizations. She can be reached at 1540 East Maryland, Suite #104, Phoenix, AZ, 85014, (602) 882-7958. A request by client for his/her records must be in writing and will be released within 30 days of request.

Initial: \_\_\_\_\_

**Confidentiality of E-mail, cell phone, and faxes communication:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above- mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Initial: \_\_\_\_\_

**CONSULTATION:** At times I find it helpful to consult with other professionals regarding a client and/or case; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained. This is done to provide you with the best care possible.

Initial: \_\_\_\_\_

**DISCUSSION OF TREATMENT PLAN:** Together we will develop an individualized treatment plan that outlines the primary issues you want to address, identifies treatment objectives and goals and potential outcomes. Treatment plans will be reviewed and revised if needed at least once annually. If you have any unanswered questions about the course of your therapy, the possible risks, or about the treatment plan, please ask for further explanation. You also have the right to ask about other treatments for your condition and their risks and benefits as well as referral for those services if needed or wanted. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and the assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation. These approaches may include, but are not limited to: cognitive-behavioral, systems/family of origin, developmental (adult/child/family), psychodynamic, EMDR, behavioral, existential, bibliotherapy, or psycho-educational. A separate consent will be offered for EMDR.

Initial: \_\_\_\_\_

**CLOSURE/TERMINATION:** You have the right to end therapy at any time. Ideally, this happens when the goals of the therapy have been met. A closure session is recommended to review your accomplishments and to discuss supports available to maintain your growth. If you voluntarily withdraw or refuse treatment there can be consequences to your mental or physical health (i.e. your condition may worsen, you may become suicidal). Any such concerns will be discussed with you. Or if at any point during therapy, I believe I am not being effective in helping you reach your therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In both such cases, I would give you a number





