

Consent to Evaluation and Treatment

Welcome to the CHL practice This document contains information about the professional services and office policies which are an integral part of our work together. Please read this document. We'll both sign 2 copies, so we each have one for our records. Please feel free to discuss any questions you may have now or develop later.

Sessions Sessions are 50 minutes and are generally scheduled on a weekly basis. It is important to come consistently and on time in order to have adequate structure and space for the process to unfold. Additional or less frequent sessions can sometimes be arranged.

Benefits and Risks of Therapy Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, better physical and mental health, and hopefully the resolution of the specific concerns that led you to seek therapy. However, it is also true that therapy can be uncomfortable, especially when painful feelings arise or when unpleasant aspects of your history or your present situation come up. For therapy to be effective, you need to be an active participant, both in and outside the therapy sessions. Between sessions notice what comes up for you regarding what we have discussed and what it means to you. Come to each session prepared to talk about your thoughts and especially your feelings on prior or new issues, because it is the client who determines the goals of therapy. There are no guarantees about what therapy will do for you. At times, participating in psychotherapy results in changes that you may not expect or that you did not originally intend.

Fees CHL does not offer free therapy, but we do have a sliding fee schedule to make therapy affordable for more people. We charge \$180 per session, but reduce that rate, as an example, to \$50 for a family of 4 if combined gross monthly income totals less than \$1,400. This fee schedule will be revised from time to time. You can pay by cash or, preferably, check. As the Client, however, you assume any risk associated with postdating checks or delaying deposits, and will reimburse CHL the cost of 'bounced' checks. You and CHL have agreed that your starting fee is \$_____ per session unless and until it is revised.

Cancellations Once we decide to work together, we reserve a time specifically for you. Please reserve cancellations for vacations and emergencies only. You will owe the full session fee if you do not reschedule or cancel with at least 24-hour notice. If you cancel, please leave me a phone message with as much advance notice as possible. Please note that most insurance companies do not reimburse for missed sessions.

Contacting Me & Emergency Procedures You may leave confidential phone messages at any time. It helps if you leave a few specific times when I can reach you. I will do my best to return your call on the same day or the day after. There is no charge for phone conversations of 10 minutes or less. The charge for calls of longer than 10 minutes is prorated based on your fee for a 50-minute session. If I will be unavailable for an extended time, I will provide you with the name of a colleague for you to contact if necessary. In an **emergency** or **immediate** physical or medical crisis, contact the police (**911**) or go to the nearest emergency room or hospital. You can also call Santa Clara Valley Medical Center at 751 S. Bascom: Psychiatric Emergencies (**408.885.6100**) or Emergency Services (**408.885.6950**). Other San Jose emergency rooms are O'Connor (**408.947.2666**) and Good Samaritan (**408.559.2000**). Suicide and Crisis service can be reached at **408.279.3312**.

Confidentiality Your privacy is extremely important to me and confidentiality is central to the work we do. What you disclose to me is protected by civil laws and professional ethics and I need your permission before I may release any information concerning your treatment. The law and our code of ethics stipulate these specific exceptions: 1) if there is a reasonable suspicion of abuse or neglect of a child, elderly, dependent, or disabled person; 2) if you may be in danger of harming yourself or another person; 3) as required by a third-party to obtain reimbursement; and 4) as otherwise ordered or required by law (for example as a result of a court order). This form does not cover every possible exception. Please refer to the HIPAA Notice of Privacy Practices, which we supplied you.

Professional activities: There are two situations where I might potentially share some information about our work together. I may discuss your treatment in consultation with other therapists or I may share aspects of my work in teaching, presentations, or publications. In each case I will disguise personal identities and I will not reveal your name or use identifying information about you or things that could lead someone to know whom I am discussing.

Records: I keep confidential records of our sessions.

Additional Charges Additional charges may be assessed for services other than therapy in session. There might be psychological assessments we decide to do, you may request a letter, or you may become involved in litigation, which may require my participation. I expect to discuss extra fees for such services in advance. In unusual circumstances, you may need to pay for my professional time, if I am compelled to testify by another party. Because of the complexity and difficulty of forensic work, I charge \$215 per hour for preparation, travel, and attendance at any legal proceedings on your behalf.

Conclusion of Therapy Termination is an important aspect of the therapeutic process and should be based on a careful discussion. In some circumstances people feel that they want to end therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For these reasons I recommend at least one session for termination under all circumstances. The longer we have worked together the more sessions we should have to bring our work to a close, so that you may gain the most benefit from therapy.

I have read this agreement, understand it, and have had my questions answered. I accept, understand, and consent to participate in treatment. I give the CHL clinician permission to thank the individual for referring me to CHL and the clinician.

	<u>Client</u>	<u>CHL Clinician</u>
Print Name	_____	_____
Signature	_____	_____
Date	_____	_____
Client Number	_____	License _____