

## Informed Consent

### Psychotherapy Disclosure Statement

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, and the goal is your well-being. There are also certain limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you.

### My Responsibilities to You as Your Therapist

#### I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

If you elect to communicate with me by email or cell phone at some point in our work together, please be aware that our cell phones and our email are not completely confidential. Cell phone connections sometimes cross, and all emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

\_\_\_\_\_ (initial)

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

- **If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.**
- **If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and/or Adult Protective Services immediately.**

- **If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step, however, if you were unwilling to take steps to guarantee your safety, I would be forced to call the crisis team to keep you safe.**

\_\_\_\_\_(initial)

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me. If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

\_\_\_\_\_(initial)

## **II. Record-keeping.**

I keep very brief records, noting only that you have been here, what I notice, what interventions happened in session, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time, giving me the chance to print it out from my computer. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

\_\_\_\_\_(initial)

## **III. Diagnosis**

If you are using insurance, or your payment receipt to seek reimbursement from a third party, I am normally required to give a diagnosis in order to be paid. Diagnoses are technical terms that describe the nature of your problems and explain whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

## **IV. Other Rights**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

## **V. My Approach to Therapy**

My approach to therapy is humanistic, psychodynamic and cognitive behavioral in orientation. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include logging your emotional experiences, role-playing, dream work, play therapy, exposures, interpretation, and mindfulness, among others. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding medical treatment that could help you. You always have the right to refuse anything that I suggest.

## **VI. Risks Involved**

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried to forget may be painful and sometimes temporarily disrupt relationships. Learning new strategies and releasing the old can be frightening and energy consuming. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

\_\_\_\_\_(initial)

## **VII. Termination**

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are, in my judgment, not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you become violent, verbally/ physically threaten me, my family, or other people in this office, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

## **VIII. Therapist's Credentials**

I am licensed Psychologist in the state of Pennsylvania (PS017626). I currently hold a doctor of Psychology (Psy.D.) in Clinical Psychology from the California School of Professional Psychology.

## **IX. Consultation and Supervision**

In order to provide you with the best care, it may become necessary that I seek supervision or consultation with another mental health professional. These meetings allow me to better serve you, as they can provide further assistance in the quality of your treatment. If I choose to do so, your confidentiality and privacy will be protected, as I will never reveal any identifying information to them. The information relayed will only include what is necessary for me to enhance your therapeutic experience. If I choose to do so, I will notify you and afford you the opportunity to sign a release of information.

**X. APPOINTMENTS**

The keeping of regular appointments is very important for a successful therapy. The scheduling of an appointment constitutes an agreement to pay for the professional time reserved exclusively for you. You will be charged a half fee for missed appointments or appointments cancelled with less than 24 hours notice. Please see the Financial Agreement for more details about fees and payment.

\_\_\_\_\_ (initial)

**XI. PATIENT EMERGENCY INFORMATION**

If you are having a crisis, call 911 or go to the nearest hospital. If you need immediate phone assistance, call the Philadelphia Crisis Line (1-215-686-4420). If you are able to wait up to 24 hours for a return call from me, please leave me a detailed voice message including a telephone number and best times to return your call. When I am on vacation, you will be given the name and phone number of the psychologist taking calls in my absence.

\_\_\_\_\_ (initial)

**Client Consent to Psychotherapy**

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand. I understand my rights and responsibilities as a client, and my therapist’s responsibilities to me. I agree to undertake therapy with Dr. Samantha DeCaro, Psy.D., and I know I can end therapy at any time. I know I can refuse any requests or suggestions made by Dr. Samantha DeCaro, Psy.D.

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient/Responsible Party

## **Addendum: Minor/Dependent Adult, Informed Consent to Treatment**

Therapy works best when a trusting relationship exists between the therapist and the patient. Privacy is important in securing and maintaining that trust. This is particularly true for children and adolescents who are developing a greater sense of independence and autonomy, or for older adults who have already lived such a life. By signing this agreement, you are waiving your right of access to the patient's clinical record.

\_\_\_\_\_(initial)

There are important exceptions to the confidentiality limitations. It is possible that the patient will reveal sensitive information about sexual contact, alcohol and drug use, or other potentially high-risk behaviors. Sometimes these behaviors are experimental, occasionally they are regularly occurring practices, and sometimes they escalate to behaviors that involve imminent threat to the health or safety of the patient. I am only allowed by law to violate confidentiality when there is an imminent threat of harm. It is my policy, however, to provide you with general information about treatment status. I will meet with you or communicate regularly with you if that is important for us. I will tell you if your child or an older adult does not attend sessions.

\_\_\_\_\_(initial)

### **Legal Representative Consent to Treatment:**

These addendums for minors or dependent adults exist in addition to the Informed Consent to Treatment that you have also signed. By signing this, you acknowledge that you have read and understand the addendum.

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient/Responsible Party

## **PATIENT APPOINTMENT, PAYMENT & EMERGENCY INFORMATION**