

## Consent to Evaluation and Treatment

**General Information** The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement, so it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Please discuss all this with me. After you read this document, please indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

**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 the client is in control of the work we do together as we shape the style and goal of therapy. You further consent to use a telehealth format of delivering care by Zoom video or mobile phone should it be preferable or required. There are no guarantees about what therapy will do for you and you may discover new aspects of what you remember, who you are, how you think, and what you do.

**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 paragraph does not cover every possible exception. Please refer to the HIPAA Notice of Privacy Practices, which we supplied you. Public Contact: Should we happen to see each other in some other setting, be it public, business, or social, it will be your choice to either acknowledge knowing me or not. I will not signal verbally or non-verbally that we know each other, except as you decide to initiate, in which case I suggest we do not engage in any lengthy discussion. Professional activities: There are two situations where I might potentially share some information about our work together. I may consult with another therapist or share aspects in teaching, presentations, or publications. In each case I will disguise your identity and I will not reveal your name or things that could lead someone to know whom I am discussing. Records: I keep confidential records of our sessions.

**Fees** CHL does not offer free therapy. Our normal fee for a licensed PhD psychologist is \$245 to \$525 for a 50-minute session and \$140 for 30-minute extensions; similarly for letters and assessments. At the therapist discretion, we can lower our fee to make therapy affordable for more people, but any discount depends on size of family, level of income, and availability of assets. The fee schedule will be revised from time to time. Normally we use Square to charge your credit card or Medicare if that is your insurance.

**Additional Charges** Additional charges may be assessed for services other than therapy in session. There might be psychological assessments we decide to do or you may request a letter. However, should you be involved in litigation, I do not expect to participate, as discussed.

**Cancellations** Once we decide to work together, we reserve a time specifically for you, so please limit cancellations to vacations and emergencies. If you do cancel, please send me a message by phone or email with as much advance notice as possible. You will owe the full fee for that session if you do not cancel it with prior notice of at least 24 hours. Please note that I cannot send an invoice to the insurance companies, because they do not reimburse for missed sessions.

**Contacting Us** 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. The charge for calls is prorated based on your fee for a 53-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 you decide that is 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 Psychiatric Emergency Services in Martinez (925.646.2800) or Crisis Services in the county (800.833.2900) or dial 211, which includes a Suicide prevention hotline. Also you can text Hope to 20121. Concord Urgent Care is located at 2700 Grant Str, Suite 110, Concord, CA 94520 (925.674.2500). The national suicide hot line is now 988.**

**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 Consent document, had my questions answered, and understand it. I accept it and consent to participate in psychotherapy.**

<u>Client</u>	<u>CHL Clinician</u>
Print Name _____	Richard Hill, PhD
Signature _____	_____
Date _____	_____
Client Account # _____	California License PSY20326