

## Consent for Treatment & Services Confidential

### Overview of Psychotherapy

The purpose of psychotherapy is to assist clients in making desired changes to their thoughts, feelings, or behaviors. This is achieved through many different psychotherapeutic techniques including, but not limited to, homework assignments, in-session exercises, and collaborative discussion. You have a right to be informed about the risks and benefits of the psychotherapeutic process and psychotherapy techniques. The psychotherapeutic process generally begins with the provider obtaining a thorough history from the client, followed by a discussion of therapy goals and objectives including a detailed treatment plan. The length of time needed to achieve the goals listed on the treatment plan varies widely, but often requires about six to twelve 50-minute, weekly sessions. Throughout the course of treatment, progress toward goals will be assessed and changes will be made to the psychotherapy process if needed. You may be asked to complete brief psychosocial assessments to better measure progress toward goals.

Mrs. Intschert does not prescribe medications, but may recommend that you consult with a psychiatrist regarding the appropriateness of psychiatric medication. Mrs. Intschert will consult with the prescribing physician to facilitate continuity of care when permission to release information is provided.

The psychotherapeutic process has both risks and benefits. In addition to assisting clients in making desired changes in thoughts, feelings, and behaviors, psychotherapy can also lead you to experience painful emotions and anxiety as part of the change process. Sometimes, you may experience worsening of symptoms before improvement occurs.

Termination of psychotherapy services will be based on your progress toward treatment goals. You have a right to terminate services at any time and for any reason. If you desire to terminate services, the Mrs. Intschert will provide appropriate referral resources. Mrs. Intschert reserves the right to terminate services if you have missed two or more consecutive sessions without following cancellation procedures, or if psychotherapy is no longer believed to be an effective treatment option for you.

Mrs. Intschert does not use video or tape recording devices without your prior consent. You have the right to have access to and view your records at any time. However, these records are maintained and owned by Mrs. Intschert. Access to these records is denied to all other individuals unless you have given prior consent. Access may be given when required by law, and in situations involving minors, under the age of 16.

Mrs. Intschert is a licensed clinical social worker (license # 55229). For more information, or to file a formal complaint, you may contact the Texas State Board of Social Work Examiners.

### Overview of Assessment

Biopsychosocial assessment may involve the use of assessment for the purpose of providing diagnosis and treatment recommendations related to mental health concerns. Assessments that are provided will, to the best of Mrs. Intschert's ability, aim to answer the client's presenting concerns or referral questions. Assessments may also address other areas of mental health functioning to provide the most comprehensive evaluation possible when appropriate. Mrs. Intschert does not release assessment results to other healthcare professionals without formal and written authorization by the client.

### Limits of Confidentiality

Psychotherapy and biopsychosocial assessment involves the disclosure of personal information by the client to the provider. Mrs. Intschert is bound to keep all disclosed information private and confidential with the following exceptions:

- You are in danger of hurting yourself or someone else
- You disclose information related to the welfare of children, the disabled, or the elderly

- You disclose sexual misconduct by a mental health professional
- As required for insurance and billing purposes
- When ordered to be released by law
- When written permission for the release of information is obtained by the provider

**Fees & Financial Arrangement**

Mrs. Intschert’s standard fee is set at \$140.00 per 50-minute session. Assessment fees varied based on services requested. Fees may occasionally be individually adjusted based on client income and adjusted fees are mutually agreed upon the client and provider. Fee for service is agreed to be: \$\_\_\_\_.00 per session. Fees and/or copays are due at the time services are provided. If you are unable to make your appointment, please cancel at least 24 hours in advance of the scheduled appointment time. Missed appointments not canceled with at least 24 hours notice will be billed at one half the standard rate (a \$70.00 fee). This fee cannot be billed to the insurance company. If you are more than 20 minutes late to your appointment, the appointment will be canceled and you will be charged for a missed appointment. If you are less than 20 minutes late, your appointment will resume at your full fee and/or copay.

**Consent for Treatment & Services**

I have read and understand the above guidelines of the informed consent. I have been given the opportunity to ask questions and have been informed of the rights of confidentiality and my rights as a client. I understand that the contract for services portion of this contract can be renegotiated at any time by my request or consent. I agree to the treatment, procedures, and goals of therapy as discussed with the provider. I have received a copy of the informed consent and the contract for services.

Printed Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_