Client Information for Informed Consent

Dear Client:

In an effort to provide you with the highest quality service and to inform you about the psychotherapeutic treatment process, the following information about legal and ethical issues has been prepared for you to read. If you have questions about anything on this form, please discuss it with me before signing the consent for treatment on the bottom of the information page.

1. Confidentiality: Under most circumstances, anything discussed in a therapy session is confidential. Under Texas law there are several exceptions, the following are the most common: 1) Any evidence of child abuse (past or present) must be reported. 2) If an individual intends to take harmful, dangerous, or criminal actions against another human being or against himself or herself, it must be reported to the authorities, and the intended victim may be notified. 3) Sexual improprieties by a former therapist are a criminal offense and must be reported (you have certain rights in such reporting which I will be happy to explain to you). 4) Certain court orders/actions such as custody cases, malpractice actions, criminal cases, etc. may result in your records being requested by the court. 5) Collection of fees, and 6) I must have back-up coverage for times when I am unavailable. I may participate in a consultation group in order to ensure that back-up psychologists are familiar with you case in the event that you have an emergency. You are entitled to the names of those consulting psychologists. Please discuss with me any questions you may have about any of these circumstances.

2. Fees and insurance: My standard fee for individual, couples, or family psychotherapy is $200 per 50 minute session. Some insurance companies may cover part of this cost. By consenting to treatment, you are acknowledging that you are responsible for all fees at the time of service whether or not you are eligible for insurance reimbursement.

It is important to remember that if you choose to use your insurance, you may be asked to have me provide your insurance carrier with certain information, including, but not limited to diagnosis, type and dates of service. This may include signing a blanket release of information that allows your insurance company access to whatever records they believe are necessary to process your claim.

You should also know that by utilizing your insurance company, it may affect your future insurability and that depending on the type of insurance provided by your employer; this information may be on file at your place of employment. If you have questions about financial arrangements, please discuss them during the initial appointment or as soon as the need arises.

3. Appointments: If you need to cancel an individual appointment, you will not be charged if you cancel 24 hours before the appointment time. If you miss an appointment without notice, you will be charged. You should be aware that charges for missed appointments are not covered by insurance and you will be responsible for payment. Payment for group therapy sessions are based on a placement in group and all sessions will be billed.

4. Right to Withdraw from Treatment: You have the right to withdraw from treatment at any time. If you would like a referral to a different therapist, I will gladly provide you with names and numbers of therapists in your area. If it becomes necessary for me to discontinue working with you for any reason, you will be provided with appropriate referrals.

5. Record Storage and Interruption of Service: If an unforeseen event occurs which renders me unable to provide service (illness, death, etc.) or upon retirement, you will be provided with information about obtaining your records should you need a referral. In the event of sudden illness, a qualified psychologist will be available to provide you with treatment until I am able to return to work, or a referral is made. In the event that your psychologist is out of the office and unavailable, for example during holidays or vacations, a qualified licensed psychologist will be available for emergencies.

6. Appearance in Legal Matters: If legal actions occur in which I am requested or subpoenaed to provide testimony you will be responsible for providing the following (even if the subpoena is sent from the opposing side): 1) Travel expense 2) hourly or per diem fees based on twice my current existing hourly fee for the time beginning when I leave my office until I return. At least 50% of the anticipated cost must be paid in advance.

7. Cultural Issues: If cultural or language differences may impact aspects of your treatment, you may ask for referral to a therapist of your culture or who speaks you language. I will assist you with such a referral if one can be found.

8. Emergency Contacts: In the unlikely event that I believe you are a danger to yourself or other, by signing the consent you are releasing me to contact either the persons listed as emergency contacts or someone else to provide assistance through the crisis situation. This could include the intended victim.

9. Dual Relationships: The ethical codes of our profession prohibit dual relationships. This means that I cannot meet with you for social occasions (lunches, weddings, etc.) or be involved in business transactions other than the business of providing psychological services. While there may be times when you and I attend the same event, scheduling times or intentionally arranging to meet socially are not allowed by our professional ethics codes.

10. Crisis Information: In the event that you experience a crisis necessitating immediate care and I cannot be reached, the following numbers are provided. Please put them where you can find them in an emergency.

Parkland Psychiatric Emergency Room—(214) 590-8761
Contact Dallas—(972) 233-2233

If you have read and understand these aspects of consent, please sign the patient information and consent for treatment form. Please feel free to keep this information sheet. If you have questions or would like to discuss any of the information on this form, please wait to sign the consent form until all of your questions have been answered to your satisfaction. I hope this information has been useful and I look forward to working with you.

Melissa Black, Ph.D.
Licensed Psychologist

Patient Information and Consent for Treatment

Name: _____ Date: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail _____

Do I have permission to leave a message if someone other than you answers the phone? Yes____ No ____ Preferences for phone contact?

Social Security Number: _____ Drivers License: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____
Name Relationship

Phone: _____

How did you hear about me? _____

Why are you seeking the services of a psychologist? _____
_____

Have you been in therapy before? _____

If so, how long ago? _____ Was if helpful? _____

Why or why not? _____

I have read the patient information form provided by Dr. Black and give my consent to Dr. Black to provide psychological services:

Signature: _____ Date: _____