

Solace Psychological Services, PLLC
2500 N. Tucson Blvd. #108
Tucson, Arizona 85716

Informed Consent to Evaluation and Treatment – Psychotherapy Service Contract

Welcome to Solace Psychological Services. This document contains important information about my business policies and professional services. Please read this document carefully and let me know if you have any questions. Once you sign this document, it will represent an agreement between us.

The Therapeutic Process

Psychotherapy is not easily described in general statements. It can vary depending on the personalities of the psychologist and client, and the particular difficulties you may be experiencing. I utilize an eclectic approach in providing psychotherapy to my clients. As a client you may participate in: individual, couples, family, and/or group therapy sessions. During the course of treatment, adjunctive therapy may be recommended. I will recommend, if necessary, that you consult with a physician for a medical evaluation and treatment. I may also recommend that you consult with a psychiatrist should the severity of your condition warrant this type of evaluation. It may be beneficial for you to get involved in a therapy or support group while receiving therapeutic services from me. Lastly, I may suggest that you receive psychological testing which will help us to identify any potential problem areas that could benefit from the therapeutic process. If you are working with another health care provider, I will ask that you sign an Authorization form so that I can communicate with that individual about your care. You have the right to refuse any recommendations that I suggest.

Psychotherapy can have benefits and risks, and I cannot guarantee your success. Therapy can involve discussing unpleasant aspects of your life, and you may experience uncomfortable feelings such as: sadness, guilt, hopelessness, helplessness, anger, loneliness, frustration, and pain. Making life changes can be difficult, and these changes can affect your current relationships. On the other hand, psychotherapy can help you better your relationships, and feel a significant decrease in emotional discomfort. Finally, in therapy you may learn ways to relate to others in a healthier way, which can improve your relationships and your life.

I normally conduct an evaluation that will last 60 - 120 minutes. At times it may be necessary for us to take a few sessions to be able to determine your needs and goals for therapy. At this time, I may recommend that you participate in psychological testing to identify the most appropriate diagnosis, which will help determine the most appropriate course of treatment. I will discuss the benefits and risks of psychological testing with you. We will then develop a written treatment plan that will outline our agreed upon goals and objectives of treatment. We will modify your treatment plan as needed in order to reflect changes in our goals and objectives. You have the right, and I encourage you to participate in treatment decisions and the development, review, and revisions of your treatment plan. Once psychotherapy has begun, I will schedule one 50-60 minute session per week at a time we both agree upon. Some sessions may be longer and may be

more frequent (for example – there may be times when we will need to see each other twice in a week, or you will be asked to participate in group or couples therapy).

Therapy involves a large commitment of time, money, and energy. You should carefully choose the therapist that you would like to work with. It is recommended that you take time to evaluate all of this information, and ask me any questions about the services that I offer, and determine whether or not you feel comfortable with me. If you do not feel comfortable with me, then I can provide you with referrals to other treatment providers in the area. **Your treatment with me is optional and you are free to limit or end treatment at any time. You also have the right to refuse recommended treatment or to withdraw consent at any time.** You will be advised of the consequences of such refusal or withdrawal. If you have any questions or concerns about my process, we should discuss them as soon as they arise. I take any concerns very seriously and hope that you will feel comfortable in discussing these matters with me.

You normally will be the one who decides when therapy will end. However, there are three exceptions to this statement: 1) if we have contracted for a specific short-term piece of work, we will finish at the end of that contract, 2) if I determine that I am not able to help you with your current problem, I will inform you of this and refer you to another therapist who may be better suited to help you, and 3) if you or someone close to you is violent to, threatens, verbally and/or physically, or harasses myself, my employee(s), my office, or my family, 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 in the community. However, I cannot guarantee that they will accept you for therapy. If you decide to discontinue therapy, please contact me as soon as possible so that we can set up a termination session. It is important that we have a termination session in order to determine if any other services are needed and to terminate our relationship in a healthy manner.

Our Relationship

The client/therapist relationship is unique in that it is exclusively therapeutic. It is inappropriate for a client and therapist to spend time together socially, to bestow gifts to one another, or to attend family or religious functions. There may be times when we will see each other out in the community. You and I will discuss how to handle these situations at the beginning of treatment. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and to make sure that your confidentiality is maintained. As a client in psychotherapy, you have certain rights that are important for you to know about. There are certain limitations to those rights that you need to be aware of.

I. Confidentiality

You have the absolute right to confidentiality of your therapy. I cannot and will not reveal that you are in therapy or share what you have told me in our sessions without your prior written permission. There are a few specific exceptions that are noted below.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I think I will have to put these into effect and attempt to involve you in this process.

- 1) If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the Mobile Acute Crisis (MAC) Services at 520-622-6000. I will explore all options with you before I take this step. However, if you are unwilling to take the steps to guarantee your safety, I will call MAC.
- 2) If I have good reason to believe that you will harm another person, I am obligated to inform that person of your intentions. I must also contact the police and ask them to protect your intended victim.
- 3) If I have reason to believe that you are abusing (physically, sexually, or emotionally) a child that is under the age of 18, I must inform the appropriate government agency which is the Division of Family and Children's Services, Child Protective Services.
- 4) If I have reason to believe that you are abusing any adult who is vulnerable and/or incapacitated, (with physical, sexual, or emotional abuse, neglect, or financial exploitation), I must inform Adult Protective Services.
- 5) If I have good reason to believe that you are abusing any elderly adult over the age of 65 (with physical, sexual, or emotional abuse, neglect, or financial exploitation), I must inform Adult Protective Services.

If such a situation were to arise, I will make every effort to limit my disclosure to only what is necessary.

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others with a signed written authorization form that meets the requirements of HIPPA. These situations include:

- 1) To consult with health or other mental health professionals about your treatment for both clinical and administrative purposes. All mental health professionals are bound by the same rules of confidentiality.
- 2) Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior written consent in cases of an emergency. For example – If you threaten to harm yourself, I may be obligated to seek hospitalization or contact family members who can help provide protection. I would work with you to make sure we identify the best option for you in order to keep you safe.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- 1) If you are in a court proceeding and a request is made for information concerning the psychological service I provide. I cannot provide any information without your legal representation's written authorization.
- 2) If a third party is requesting an evaluation or the evaluation is court-ordered, you will be informed of the limits of confidentiality at the beginning of the evaluation.

If you elect to communicate with me by email during our work together, please be aware that email is not completely confidential. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

When and if I transmit information about you electronically (Examples of this are: faxing information or sending bills), it will be done in a manner to protect your confidentiality as much as possible.

II. Record Keeping

The laws and standards of my profession require that I keep treatment records for 7 years. All client records are the property of Solace Psychological Services. Your record will include copies of forms that you have signed, dates that you attended therapy, what interventions and topics that were discussed in session, any testing or evaluation procedures, your diagnosis, your medical and social history, any past treatment records that you have provided, and fees and other billing information. In addition, any other communication that occurs outside of our scheduled sessions (by phone or e-mail) will be placed in your record. Under the provisions of the Health Care Information Act of 1992, you have the right to receive a copy of your records at any time. I can provide you with a copy of your records or I can prepare a summary with your written authorization. Because these records are of a professional nature, they can be misinterpreted by untrained readers. Therefore, it is highly recommended that we review your records together or that they be sent to another mental health professional with your consent so that you can discuss these records with them. I maintain your records in a secure location that cannot be accessed by anyone else.

If Solace Psychological Services is sold or terminated, there will be a "good faith effort" to contact any client that has been seen in the past 7 years. A letter will be written 30 days prior to sale or dissolution of practice, and will include current contact information. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

III. Keeping Appointments

You are responsible for coming to your session on time at the time we have scheduled. Regular attendance is important for a successful outcome in therapy. If you are late, we will end on time regardless of how late you were. Please note that if you are more than 15 minutes late to an appointment, you will be asked to reschedule this appointment. Once an appointment is

scheduled, you will be expected to pay for the session in full unless you provide 24 hours advance notice of the cancellation, or if we can reschedule your appointment within the same week. Please note – Repeated late cancellations or missed appointments will be billed at the full fee and may result in termination of treatment.

IV. Payment for Services/Professional Fees

Fees for service are determined by length of appointment time. An evaluation/clinical interview (90-120 minutes) is \$150-\$300 (this includes substance abuse evaluations and sex addiction evaluations). A psychological evaluation with psychological testing included is \$300 -\$500. A 50-60 minute session is \$100. A 60-90 minute session is \$100 - \$135. A group session (120 minutes) is \$55. I accept Blue Cross/Blue Shield of Arizona. **Payment is expected at the time services are rendered – including copayments for insurance.** I do not charge for phone calls that last less than 15 minutes. If we spend more than 15 minutes on the phone in a week, you may be subject to a small fee. Other services include report writing, records review longer than 15 minutes, attendance at meetings with other professionals that you have authorized, and travel time and expenses if needed. You will be billed for these services as well. I cannot accept bartered goods for therapy. I do accept cash, check, and credit/debit cards for payment. If I am unable to collect my fees from you I reserve the right to obtain legal means to secure the payment. This may involve a collection agency or going through small claims court which will require me to disclose some confidential information. The information that I will release regarding your treatment, will be: your name, nature of services provided, and the amount due. I also reserve the right to change my fees with a 30-day notice.

V. Contact

I am often not immediately available by telephone; messages can be left in my confidential voicemail box. I check my messages regularly and will make every effort to return your phone call within 24 hours, with the exceptions of weekends and holidays. If you will be difficult to reach please inform me of some times of when it would be easier to reach you.

At different times during the year I may be away from the office for vacations or for professional obligations. In the event of my extended absence, I will provide you with the name and phone number of another therapist that will be covering my practice. I will inform you of my absences in advance. If you are experiencing an emergency while I am out of town or outside of my regular office hours (after 5pm on weekdays and on weekends), please call MAC Services at 520-622-6000. If you feel as though you cannot keep yourself safe, please call 911 or go to your nearest hospital emergency room for assistance.

VI. Complaints

If you are unhappy with what is happening in therapy or if you have any questions regarding your treatment, I hope that you will talk about it with me so that I can respond to your concerns. I will take your concerns very seriously. Your treatment and well being is very important to me. If you feel as though I have been unwilling to listen and respond, or if you believe that I have

behaved unethically, you may file a complaint about my behavior to the Arizona Board of Psychological Examiners.

Consent for Evaluation and Treatment

I have read this statement and had sufficient enough time to consider this information carefully. I understand the limits of confidentiality required by law. I have read the HIPPA NOTICE OF PRIVACY PRACTICES, and I have had my questions about privacy and confidentiality answered to my satisfaction.

Signature: _____ Date: _____

Signature: _____ Date: _____

Shannon Sticken, Psy.D., CSAT Date: _____