

Consent to Treat

I acknowledge that I have received, have read (or have had read to me), and understand the “Information for Clients” information about therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment with *Dr. Phyllis Armstrong*. I understand that developing a treatment plan with my therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by my therapist.

I am aware that I may stop my treatment with my therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 72 hours (3 days) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and provider of any services or treatments I receive. I understand that if payments for the services I receive here is not made, my therapist may stop my treatment.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, your therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPPA. But, there are some situations where your therapist is permitted or required to disclose information without either your consent or authorization.

- If you threaten to harm yourself, I may be obligated to seek hospitalization for you or contact family members or others who can help to provide you with some protection.
- If you are involved in a court proceeding, and a request is made for information about the professional services that you have been provided you and/or the records thereof, such information is protected by psychologist-patient privilege law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required) and has stated valid legal grounds for obtaining PHI I do not have any grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency, such as a HIPAA overseer, is requesting the information for health oversight activities pursuant to their legal authority, I may be required to provide it to them.
- If a client files a complaint or lawsuit against his/her therapist, I may disclose relevant information regarding that client for defense purposes.
- If a client files a Worker's Compensation claim alleging emotional instability or stress, information relevant to the claimant's condition must be disclosed to the Worker's Compensation insurer.

In addition, there are some situations in which I will be legally obligated to take actions, which I believe are necessary, to attempt to protect others from harm. At such times, information may have to be revealed about a patient's treatment.

- If I have knowledge of a child under 18 or reasonably suspects that a child under 18 has been the victim of child abuse or neglect, the law requires that a report be filed with the appropriate governmental agency, usually the county welfare department. I may also make a report if it is known or reasonably suspected that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way (other than physical or sexual abuse or neglect). Once such a report is filed, I may be required to provide additional information.
- If I observe or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if an elder or dependent adult credibly reports that he or she has experienced behavior including an act or omission constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, the law requires that it be reported to the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. Hospitalization of the patient may be sought or others, who can assist in protecting the victim, may be contacted.
- If I have reasonable cause to believe that a patient is in such emotional condition as to be dangerous to him or herself, he/she may be obligated to take protective action, including seeking hospitalization or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking action and will limit disclosures to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with your therapist. In situations where specific advice is required, formal legal consultations may be needed.

PROFESSIONAL RECORDS

You should be aware that I maintain both an electronic and a paper copy Clinical Record that includes information, as required by law and the Ethical Guidelines for Psychologists of the American Psychological Association, about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records received from other providers, and reports of any professional consultations. Except in unusual circumstances, in that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider), you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted by untrained readers. For this reason, it is recommended that you initially review the record in the presence of your therapist or have it forwarded to another mental health professional so that you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form if I refuse your request for access to your Clinical Records, you have a right of review (except for information supplied confidentially by others) which will be discussed with you upon request.

In addition, I **may** also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they may contain particularly sensitive information that you may reveal that is not required to be included in your Clinical Record pursuant to HIPAA. [They also include information from others provided to your therapist confidentially]. These Psychotherapy Notes are kept separate from your Clinical Record pursuant to HIPAA. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else without your written, signed authorization.

You should also be aware that your employer may not obtain any part of your file from me.

PATIENT RIGHTS

