

## **INFORMED CONSENT FOR PSYCHOTHERAPY TREATMENT AND OFFICE POLICIES**

This document answers questions most commonly asked about the therapy services offered by Charlie Padow, LCSW, who is licensed to provide psychotherapy services by the California Department of Consumer Affairs and Board of Behavioral Sciences (LCS 26448). It also contains important information about office policies, including payment, cancellation and confidentiality. Please read this form carefully and initial at the end of each section to indicate your understanding.

### **THERAPY SERVICES**

When it comes to making any treatment decisions, you should always consider the benefits and risks. In therapy, individuals may experience uncomfortable feelings such as sadness, anger, guilt, anxiety, frustration, loneliness, and helplessness. Given that therapy often involves the discussion of unpleasant aspects of one's life, these feelings may become magnified at the beginning stages of treatment. Although there are risks associated with therapy, there is also great evidence of the benefits that come with it as well. Though there no guarantees, therapy often leads to a reduction of distress, improved relationships, increased understanding of self, and enhanced problem solving.

Therapy is a partnership, which requires active involvement from both client and therapist. During treatment, you and I will work together to establish areas to work on, your goals, and the methods that might be used. Your honest feedback about what is working for you in therapy as well as what doesn't feel quite right, is encouraged and welcome at all times. If it is decided that I am not the appropriate mental health practitioner for your needs, you will be given referrals to other professionals and/or agencies more appropriately designed to your therapeutic needs and goals.

\_\_\_\_\_ (Client Initials)

### **PAYMENT FOR SERVICES**

The fee for each counseling/therapy/consultation session will be due and must be paid at the beginning of each session. You may pay by cash, check, or credit card. If you are no longer able to pay my fees, treatment will be discontinued and I will assist you in the process of finding other lower-cost options. If your account goes unpaid for more than 60 days and we have not agreed upon a payment schedule, I have the right to use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.

**The fee is \$175.00 per 50 minute session.** Any adjustment will be discussed with you in advance. I will assist you in obtaining reimbursement from your insurance company, but if for any reason your insurance company refuses reimbursement, you will be responsible for the full fee.

In addition to therapy sessions, I charge \$150/hour for any other professional services you may need, prorated in 15-minute increments. Any telephone conversations lasting longer than 10 minutes will be billed at this rate. This rate also applies to discussions or meetings with other professionals involved in your care and preparation of records or treatment summaries. If you become involved in legal proceedings that require my participation, you are responsible for paying for my time even if I am called to testify by another party.

\_\_\_\_\_ (Client Initials)

### **APPOINTMENT/CANCELLATION POLICY**

A scheduled therapy hour will be reserved for you as it is important to have a weekly appointment that you can depend upon. You and I will work to identify the best time for your 50-minute session. Consistent attendance is necessary for the therapeutic process to be effective. If you are having difficulty attending your sessions on a regular basis, your treatment will be re-evaluated.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required to reschedule or cancel an appointment. The full fee will be charged for missed sessions without such notification, and will be due prior to the next scheduled appointment.

IN-BETWEEN APPOINTMENT CONTACT: Short phone calls between should be expected as a way to schedule upcoming appointments. From time-to-time, the need for longer telephone sessions may arise. In these circumstances, you will be charged at the fee listed above.

EMERGENCY PROCEDURES: You may leave voicemail messages any time at (323) 553-2140. I will return your call by the end of the next business day unless my voicemail indicates otherwise. I am usually not immediately available by telephone. I am not able to provide crisis and urgent services. If you are having an imminent psychiatric or life-threatening emergency, you need to call a crisis line in your area (24-hour crisis line in Los Angeles County at (1-800-854-7771), go to the nearest emergency room, or simply call 911.

\_\_\_\_\_ (Client Initials)

### **CONFIDENTIALITY**

In most instances, I will need your written permission before I can disclose any information regarding your therapy; however, there are exceptions to confidentiality:

1. ABUSE/NEGLECT: I am a mandated reporter and as such am required by law to report to appropriate authorities a reasonable suspicion of abuse or severe neglect of children (under 18 years of age), dependent adults, and elders (65 and older). The purpose of the reporting requirement is the protection our most vulnerable members of society.
2. HARM TO SELF/OTHERS: I am legally and ethically required to act to maintain safety in dangerous situations, particularly imminent threat of suicidality, homicidality, or destruction of property that could endanger others. Imminent threat is a disclosure of serious intentions. "Intentions" means not only a desire to act, but also a plan of how to act, the means to carry out the plan, AND an imminent timeline, NOT fantasies, desires, or wishful thinking. I may have to break confidentiality by notifying client's family members or friends, co-workers or employers, intended victims, and/or law enforcement to ensure that safety.
3. COURT ORDERED SUBPOENA: If clients introduce their mental status into legal proceedings, the court could subpoena their records. Additionally, if a client is involved in a legal proceeding (divorce, custody dispute), therapist records could subpoenaed. If a therapist receives a court order to release information, the therapist MUST comply. In some cases the court is satisfied with a summary of clients' records.

\_\_\_\_\_ (Client Initials)

### **ELECTRONIC COMMUNICATION**

It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. Emails in particular, are vulnerable to unauthorized access because servers have unlimited and direct access to all emails that go through them. ***For this reason, email and text messages are to be used for scheduling purposes ONLY.*** You should also know that any emails you send to me and any responses will become a part of your clinical and legal record. Faxes can be sent

erroneously to the wrong addresses and are not recommended as a form of communication. Please notify me of your communication preferences at the beginning of treatment.

I do not communicate with any of clients through social media platforms such as Instagram, Twitter, Facebook, or LinkedIn. These types of casual social contacts can create significant privacy risks and compromise therapeutic boundaries. It is not regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If there is reason to suspect that you are in danger and you have not been in touch via usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. In these unusual situations, I would fully document the process and discuss with you at your next meeting

\_\_\_\_\_ (Client Initials)

**PROFESSIONAL CODE OF ETHICS**

I adhere to the NASW Code of Ethics as a guideline for the professional conduct of social workers. This includes responsible behavior in all areas of practice. He does not engage in sexual contact or harassment, have dual relationships or engage in inappropriate physical contact with clients.

\_\_\_\_\_ (Client Initials)

**Waiver of Claims and Release of Liability:** I hereby release Charlie Padow, LCSW from any liability of whatever kind and nature for injuries, whether physical or emotional, temporary or permanent, which I may sustain as a result of physical exercise, psychotherapy modalities, holistic services, or use of any off site facilities from the property (such as walking) and expressly assumes the risk for my participation in all of the above or similar activities.

I consent to undertake psychotherapy with Charles Padow, LCSW. I have read and fully understand and agree to the above terms. I understand that treatment is optional and I can end therapy at any time I wish. I understand that I can refuse any requests or suggestions made by my therapist. I agree that I am responsible for the charges for services provided to me.

\_\_\_\_\_

Client Name (please print)

\_\_\_\_\_

Client DOB

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

The above issues have been discussed with the client. There were no observations and no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_

Therapist signature

\_\_\_\_\_

Date