

# RACHEL MARKS, PSY.D.

Clinical Psychologist | PSY 22101

## INFORMED CONSENT FOR RECEIVING PSYCHOTHERAPY

Welcome to my office. A clear framework of our work together can avoid misunderstandings and facilitate our working relationship. The following are policies under which I operate my practice. Please feel free to discuss any of these with me.

### Psychological Services

The decision to begin psychotherapy is one that may have important consequences for the rest of your life. Psychotherapy generally addresses psychological distress and problems in life. Psychotherapy, as I practice it, is a collaborative process. My intent is to build a relationship with you in which you feel free to explore your thoughts, feelings and behaviors, particularly those aspects that may be causing you distress, impeding progress toward your life goals, or getting in the way of your ability to find fulfillment in your life.

Psychotherapy has benefits and risks. Since therapy involves the discussion of unpleasant aspects of life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have benefits for people who follow through with it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. While I will help you attempt to achieve your goals, I cannot guarantee that the outcome will be what you now seek. That is because psychological change is largely individual and depends on your sustained commitment, flexibility, and even sometimes your courage.

### Appointments

Psychological services are most effective when meeting times are regular and consistent. The time scheduled for your appointment is assigned to you and you alone. Psychotherapy sessions are 50 minutes in length and meetings are held at least once a week. More frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs. I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

### Cancellation

If you need to cancel or reschedule a session, it is required that you provide at least 48 hours notice. If you miss a session without canceling, or cancel with less than 48 hours notice, you must pay the full fee for the missed session. You may cancel up to four sessions per year (or four weeks of sessions for multiple sessions per week) provided you give at least 48 hours advance notice, unless otherwise arranged.

## **Confidentiality**

Information revealed within sessions will remain confidential unless disclosure is required by law. These conditions include any reasonable suspicion of child, dependent, or elder abuse; when you are a danger to others; or when you are likely to harm yourself unless protective measures are taken. If there is ever a time when you enter your emotional status as an issue in a legal proceeding, i.e., child custody evaluation, Workmen's Compensation claim, etc., then you may be waiving your right to the confidentiality of this relationship. To the extent necessary, I may need to breach confidentiality to make a claim on a delinquent account via a collection agency or in the case of a medical emergency.

Finally, I may occasionally find it helpful to consult with other professionals about a case. During a consultation I will not give any identifying information about you. The consultant is also legally bound to keep the information confidential.

Please do not email or text me any personal or clinical information in between sessions.

By signing below, if you choose, you can agree to and understand that if you pay by a service such as PayPal, Venmo or another means, this may not ensure you are protected by HIPPA and you are agreeing to waive that right. You are required to set your settings as confidential between just you and me to maximize your confidentiality.

## **Professional Fees**

At the outset of treatment I will set a per session fee with you. That fee will either be my full fee or a reduced fee based on our agreement. Session fees are payable at the time of service unless alternative arrangements have been arranged. Fees will be re-evaluated periodically and annually, I will increase my fees. I will give ample notice when this will occur and have you re-sign this fee adjustment. Bank charges on returned checks are the patient's responsibility.

For initial appointments, only checks or cash are accepted, and are due at the time of service. Please pay at the beginning of each session so we can spend time working together.

Fee for writing a psychology report or other services (e.g. lengthy telephone conversations) are based on the hourly fee. If you become involved in legal proceedings that require my participation you will be expected to pay for my professional time even if another party calls me. Because of the difficulties involved in attending to legal matters, my fees for participation differ from my customary rates.

## **Insurance Reimbursement**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You should be aware that most insurance companies require me to provide them with a clinical diagnosis. Sometimes, I have to provide additional information such as treatment plans or summaries.

## **Vacations**

I generally take between four and six weeks off throughout the year. I will give you advance notice as to when I will be away. I will leave an on-call therapist whenever I am away for prolonged periods of time. That person's name and number will be accessible by calling my number.

## Professional Records and Email/Text Communication

Both California Law and the standards of my profession require that I keep appropriate records of services provided. The confidentiality of these records is closely safeguarded. In addition, electronic communication via email and text is not HIPPA compliant and therefore please do not email me any clinical information, updates, or requests. We will discuss and you will agree, as signed below, that only changes in appointment scheduling, canceling due to urgent matters such as being sick, are acceptable uses of email/text communication. Otherwise, the expected mode of communication is in person during our regular weekly session time or with a phone call.

## Contacting Me

I can be reached by calling (424) 284-8799. I will make every effort to return your call on the same day you make it. Calls received after 8:00 p.m. will be returned the following business day. If you are calling regarding an emergency, please leave a message indicating so and I will return the call as soon as possible. In case of a life threatening emergency where you cannot reach me, please go to your local emergency room and ask for the psychologist or psychiatrist on call, or dial 911.

## Patient's Rights

You have the right to end therapy at any time, for whatever reason. You also have a right to question any aspect of treatment, and to expect that I will provide you with a referral to another qualified therapist for adjunctive treatment, or alternative treatment, if you request.

Please feel free to speak to me about any of the above if you have any questions or concerns. Your signature below acknowledges that I, Dr. Rachel Marks, discussed this information sheet with you and that you have read and understand these policies.

I understand the 24-hour cancellation policy, and I agree to pay the per session fee if cancellation occurs within 24 hours of the date and time of my scheduled appointment.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Name (Print) \_\_\_\_\_