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INFORMED CONSENT TO INDIVIDUAL PSYCHOTHERAPY

This form documents that I, _____, give my consent to Valerie Gaus, Ph.D. (the "psychotherapist") to provide psychotherapeutic treatment to me.

While I expect benefits from this treatment, I fully understand that no particular outcome can be guaranteed. I understand that I am free to discontinue treatment at any time but that it would be best to discuss with the psychotherapist any plans to end therapy before doing so.

I understand the psychotherapist will conduct an evaluation involving an initial 75-minute intake plus 1 to 3 additional sessions lasting 45-50 minutes each. During this time, we can both decide if she is the best person to provide the services I need in order to meet treatment goals. If psychotherapy is begun, the psychotherapist usually schedules one 45-50-minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, I will be expected to pay for it unless I provide 24 hours advance notice of cancellation or unless we both agree that I was unable to attend due to circumstances beyond my control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions**.** If it is possible, the psychotherapist will try to find another time to reschedule the appointment.

I understand that I am fully financially responsible for treatment and that I will pay the fee in full at each appointment. If I have health insurance, I am responsible for obtaining my reimbursement directly from them, but the psychotherapist will provide a receipt for each payment which includes all the necessary diagnosis and procedure codes for my submission to my insurance carrier. If I have Medicare, I have reviewed the separate Medicare Fee Agreement and agree to pay the co-payments at each session. If I do not have Medicare, then I understand that the fee for the initial 75-minute intake is **$325** and **$195** per 45-50-minute session. For other professional services I may request from the therapist in addition to weekly appointments, the fee is **$260** for every 60 minutes, or for periods of less than 1 hour, **$65** per 15 minutes. This would include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If I become involved in legal proceedings that require the psychotherapist's participation, I will be expected to pay for all of her professional time, including preparation and transportation costs, even if she is called to testify by another party. Because of the difficulty of legal involvement, the fee is **$500** per hour for preparation and attendance at any legal

proceeding, including writing letters, speaking with attorneys, traveling to and from the courthouse, and waiting at the courthouse for proceedings to begin.

Our discussion about therapy has included the psychotherapist's evaluation and diagnostic formulation of my problems, the method of treatment, goals and length of treatment, and information about record-keeping. I have been informed about and understand the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment. I understand that therapy can sometimes cause upsetting feelings to emerge, that I may feel worse temporarily before feeling better, and that I may experience distress caused by changes I may decide to make in my life as a result of therapy. I have fully discussed with the psychotherapist what is involved in psychotherapy and I understand and agree to the policies about scheduling, fees and missed appointments.

I understand that the psychotherapist cannot provide emergency service and is not immediately available by telephone. The office is equipped with voicemail system that is monitored frequently and the psychotherapist will make every effort to return my call on the same day I make it, with the exception of weekends and holidays. The psychotherapist has told me whom to call if an emergency arises and the psychotherapist is unavailable. In any case, I understand that in any emergency, I may call 911 or go the nearest hospital emergency room.

I have received a HIPAA Notice of Privacy Practices from the psychotherapist. I understand that information about psychotherapy is almost always kept confidential by the psychotherapist and not revealed to others unless I give my consent. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. The psychotherapist is required by law to report suspected child abuse or neglect to the proper authorities. The psychotherapist is also mandated to report to the authorities patients who are at imminent risk of harming themselves or others for the purpose of those authorities checking to see whether such patients are owners of firearms, and if they are, or apply to be, then limiting and possibly removing their ability to possess them.

2. If I tell the psychotherapist that I intend to harm another person, the psychotherapist must try to protect that person, including by telling the police or the person or other health care providers. Similarly, if I threaten to harm myself, or my life or health is in any immediate danger, the psychotherapist will try to protect me, including by telling others such as my relatives or the police or other health care providers, who can assist in protecting or assisting me.

3. If I am involved in certain court proceedings the psychotherapist may be required by law to reveal information about my treatment. These situations include child custody disputes, cases where a therapy patient's psychological

condition is an issue, lawsuits or formal complaints against the psychotherapist, civil commitment hearings, and court-related treatment.

4. If my health insurance or managed care plan will be reimbursing me or paying the psychotherapist directly, they will require that I waive confidentiality and that the psychotherapist give them information about my treatment.

5. The psychotherapist may consult with other psychotherapists about my treatment, but in doing so will not reveal my name or other information that would identify me unless specific consent to do so is obtained. Further, when the psychotherapist is away or unavailable, another psychotherapist might answer calls and so will need to have access to information about my treatment.

6. If my account with the psychotherapist becomes overdue and I do not pay the amount due or work out a payment plan, the psychotherapist will reveal a limited amount of information about my treatment in taking legal measures to be paid. This information will include my name, social security number, address, dates and type of treatment and the amount due.

In all of the situations described above I understand that the psychotherapist will try to discuss the situation with me, or notify me, before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

If I am participating in a managed care plan, I have discussed with the psychotherapist the plan's limits, if any, on the number of therapy sessions. I have discussed with the psychotherapist my options for continuation of treatment when my managed care benefits end.

I understand that I have a right to ask the psychotherapist about the psychotherapist's training and qualifications and about where to file complaints about the psychotherapist's professional conduct.

By signing below I am indicating that I have read and understood this form and that I give my consent to treatment.

Signature:_____ Date: _____
(of patient or person authorized to consent for patient)