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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES
Children and Adolescents

The following document contains information regarding the provision of psychological services. As a clinician I am subject to the law and ethics of numerous governing bodies, including the State of California, the California Board of Psychology, the American Psychological Association, and the Association for Play Therapy. The following document contains information that I am required to impart to you from these various bodies as well as my own business policies.

Professional Background

I am a licensed psychologist, licensed by the California Board of Psychology. You will find my license number listed above. I hold a doctorate in Clinical Psychology, a Master's Degree in Clinical Psychology, and a Bachelor's Degree in Psychology. I also hold a certificate in Play Therapy. I am a Registered Play Therapist Supervisor. These accomplishments are the result of a long process of formal training, experience, and supervised clinical practice.

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Information About This Practice

This is an individual psychotherapy practice owned and operated by Dr. Eric Terry. Although I may share office space with other professionals, they are not responsible for the treatment provided by Dr. Terry.

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Confidentiality

You are entitled to privacy in regards to the pursuit of psychological services for yourself and/or your children. This means that as your child's clinician, I cannot share with anyone the fact that we are working together without your express written permission. Exceptions to this include the following items:

1. I am required by law to report to the authorities the following circumstances: child abuse, elder or dependent adult abuse, if your child is a danger to himself/herself, and/or if I have knowledge that your child is a danger to someone else. In the event that a report has to be made, I will make all efforts to include you in this process. However, understand that this is not always possible. I am committed to working through whatever issues may arise as a result of a legally required report.
2. If you are utilizing your health insurance to obtain reimbursement for psychotherapy, they may require information to be disclosed regarding your treatment in order to determine whether or not they will pay for services, or whether or not they will reimburse you for therapy.
3. I may utilize a collection service for unpaid balances on services rendered. All efforts will be made to resolve this issue without resorting to the utilization of this service, but if you are unresponsive to these efforts, a collection agency will be utilized. Understand that certain personal information will need to be disclosed to this agency.
4. I can also ultimately be ordered by a judge to disclose clinical material. I will make efforts beforehand to try and reach a compromise if needed, but ultimately, if ordered by a judge, I must disclose requested material, which in extreme circumstances can include the entire clinical record.
5. Although I am permitted to utilize cell phone and email communication, I need to make you aware that this communication can be intercepted and, therefore, I cannot guarantee confidentiality.
6. At times, it may be beneficial for me to collaborate with other individuals you are working with, for example, a psychiatrist, a physician, or other collateral service providers. If it appears as if this information would inform my treatment of you, I will obtain a signed release from you to obtain permission to collaborate with this/these individual(s).
7. Conversely, our work together might inform others that are working with you. If this is the case, the same kind of release may be obtained from you to facilitate your treatment.
8. In the treatment of children in particular, it is very helpful for me to collaborate with teachers, speech therapists, occupational therapists, etc., in order to best serve your family. I will consult with you regarding any releases that seem appropriate. We will also discuss the nature and scope of the information shared.

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Psychological Services

It is important for you to be aware of the risks and benefits of psychotherapy. Treatment is of course designed to improve overall functioning. The natural therapeutic process at times creates an intensification of symptoms. People seeking treatment often are unaware of what factors are contributing to their current symptoms and distress. What naturally emerges is an awareness of factors contributing to what clients are feeling today. This knowledge is sometimes upsetting and clients may experience increased moodiness, emotionality, sleep disturbances, decrease in overall functioning, etc. Unfortunately, awareness often outpaces

coping. Essentially, people often feel a little bit worse before they get better. This is especially true for children and adolescents and I would, in fact, recommend that you should expect it. Please keep me informed of anything that develops with your child so that we can work to alleviate and remediate these symptoms.

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Play Therapy

In the treatment of children, psychologists and other professionals have often struggled to find an effective approach. Play therapy was really the first approach that was designed directly for children. The most frequent models of intervention are adult models that have been modified to fit children instead of being created with the unique needs of children in mind. Play therapy is designed to allow professionals the opportunity to engage with children in a dialogue that is most familiar to them. Unfortunately, "play" implies frivolousness in our culture. Let me assure you that play therapy is anything but that. I have had extensive training at intervening in this way with children and their families.

Play therapy provides the clinician with the unique opportunity to understand a child's world view. Developmental considerations from typical coping skills to cognitive capacities have been sensitively examined to inform this approach. A play therapist will often say that play is the language that children speak. Children will enter into play in such a way that helps us better understand how they understand their own emotions, thoughts, and relationships. Through play we can intervene therapeutically to facilitate growth in these same domains.

As research has begun to inform us, play therapy is really at the cutting edge of therapeutic interventions designed to meet the unique needs of children. Expect that your child will enjoy his or her sessions. When asked what they have done in session, they will say that they "played." Play therapy allows us to intervene with children in a way that is consistent with how they experience the world. It is non-threatening to children because we are not pushing them beyond their typical developmental capacities.

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About The Therapy Process

It is your therapist's intention to provide services that will assist you and your child in reaching your goals. Based upon the information that you and your child provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your child's treatment. I believe that therapists, clients, and client's parents are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist and you will also periodically exchange feedback regarding your progress.

Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your child's therapy or to guarantee a specific outcome or result.

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Fees For Services

Fees for psychotherapy services are due at the end of your appointment time. If you will be seeking reimbursement for your psychotherapy sessions, I will provide you with a superbill that contains the appropriate codes for you to submit to your insurance company. Please note that the following fees are reviewed annually and subject to increase. If there is a fee increase, I will provide you with a two month notice.

Fees are as follows:
Individual & Family Psychotherapy: $150 per 45 to 50 minute session, including any time missed by being late. If utilizing your health insurance, fees will be determined by the therapist's contracted rate with the insurance company and co-pays will be collected at the end of each session.

Phone calls exceeding 10 minutes once a week: If services are being paid by the insurance company, then calls an hour or longer will be billed to the insurance company. If services are being paid out of pocket, calls will be billed based on the agreed upon fee for time spent on the phone.

Consultation Services: $500-$1,500 dependent upon the number of sessions needed and the number of records, reports, etc. that must be reviewed.

Preparation of Letters or Reports: $200 per hour

Attention-Deficit/Hyperactivity Disorder or Asperger's Disorder Assessments: $200 per hour. This includes an intake session with parents to gather background information, observation sessions with your child, time spent scoring the assessment tools administered to parents, teachers, and your child, a possible classroom observation, time spent talking to teachers and other professionals familiar with your child on the phone, time spent writing up the assessment results, and a session to present the results to the family. If utilizing your health insurance, fees will be determined by the therapist's contracted rate with the insurance company. The insurance company will pay for a set amount of assessment hours. Time spent beyond the amount covered by the insurance will be paid by the client at the aforementioned rate.

Attendance and Participation at an Individualized Education Program (IEP) Meeting: $150 per hour. Travel time that is within 15 minutes of my office is included. Time beyond that is charged at the proportionate hourly rate.

Classroom Observations: $150 per hour. Travel time that is within 15 minutes of my office is included. Time beyond that is charged at the proportionate hourly rate.

Testimony, court appearances, preparation of written documents, meetings, and phone consultations for legal proceedings initiated by you or others relating to your case: $350.00 per hour. There will also be a fee for mileage to and from the court appearance of $.50 a mile and parking fees will be covered by the client. An advance payment of $600 will be required as a retainer to be received no later than 72 hours before any scheduled court or other legal hearing. The retainer will be applied toward the total fees and costs for the trial or hearing.

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Scheduling And Late Cancellation Policy

Sessions are typically scheduled to occur one time per week at the same time and day, if possible. Consistent attendance to therapy helps insure the outcome you are seeking. In making an appointment, I am setting aside time for you. In the event that you cannot attend your appointment, please CALL or TEXT me within 24 hours before your appointment so that I can serve someone else that has been waiting to see me. 24 hours provides me with enough time to make arrangements. If you do not notify me within 24 hours, the full session fee is due. If you are utilizing your insurance, it is the amount the insurance bills for that hour. The only exceptions to this are a medical emergency or some unforeseen event, like a family emergency or a car breaking down. Insurance does not reimburse for no-shows or late cancellations. To handle payment in these situations, I will be asking for your credit card information that I can keep on file and bill for the agreed upon amounts in the event of a no-show or late cancellation. I will only use your credit card information to bill in the event of a no-show or late cancellation.

Credit Card Number:___________________________ Expiration Date:___________

Security Number:_________

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Professional Records

Psychotherapy laws and ethics require that California licensed psychotherapists keep treatment records. Professional records can be misinterpreted and/or upsetting to untrained readers. You are entitled to receive a copy of these records unless your therapist believes that seeing them

would be emotionally damaging, in which case your therapist will review them together with you or will send them to a mental health professional of your choice to allow you to discuss the contents. Clients will be charged copying costs plus $2.00 a minute for professional time spent responding to information requests.

Your record includes a copy of the signed informed consent form, acknowledgement of receipt of privacy policy and practices, progress notes, any releases of protected health information, and copies of your superbills. Records are kept in a locked file cabinet in my home office as I am only in the office four days a week and often find I need access to your record when I am not in the office. Please note that my records remain in my possession from the moment I leave the office until I arrive home and are immediately placed in this confidential, locked cabinet.

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Therapist Availability

Telephone consultations between office visits are welcome. However, with the exception of an emergency or a scheduled parent consult, these conversations will be brief because issues are best addressed within the context of your regularly scheduled session.

You may leave a message at any time on my voicemail. If you need me to return your call, please leave your contact information. Non urgent phone calls will be returned during business days, Monday-Friday, within 48 hours. I am unavailable to return calls on Saturday and Sunday or after 8pm during the week. If there is an urgent need to speak with me, please provide this information in your message and follow any instructions for emergency services left by me on my voicemail message.

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Therapist Absences

In the event that I am out of town or unavailable, I have an agreement with Dr. Kim Vander Dussen and other trusted colleagues for them to provide coverage for me to address emergency issues in my absence. These professionals are trusted and known to me and I will provide them with any necessary information that will allow them to provide appropriate care for you if needed. It may include your diagnosis, primary areas of concern, and the treatment plan.

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Unexpected Absences

I am ethically and professionally bound to insure that you receive competent care in the event that I am unable to provide such care to you for any reason. Unplanned events are as possible

for me as they are for you and include things like sickness, accidents, or significant family emergencies. In the event that I am ever unable to continue to provide services for you, Dr. Kim Vander Dussen or another trusted and chosen colleague will be available to assist you. In order to do so, she will be provided with contact information in order to reach out to you and inform you of my situation and status. She may either meet with you or offer referrals to other practitioners whom I have identified and trust.

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Conservator

In the event of my untimely death, a conservator, Dr. Kim Vander Dussen ((714) 329-6080) will become responsible for the maintenance of your records and/or the transfer of your case to another clinician. If she is unavailable, other trusted colleagues have been designated to assist. It is your responsibility to provide Dr. Terry with any updated and/or changed contact information.

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Emergency Contact Information

I do utilize a cell phone for my practice in order to more expressly meet the needs of my patients. In the event of a life threatening emergency, please call 911 or proceed to the nearest emergency room.

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Treatment of Children of Separated or Divorced Parents

In the treatment of children whose parents are divorced or separated, a number of issues sometimes arise. By signing this document, you have identified that you understand and are in agreement with the following policies:

- Each parent will be given equal time with this clinician regardless of which parent initially contacts the clinician. Exceptions to this include parents who live out of state or have no contact with their children. I am available to consult by phone with parents that live out of state. Other exceptions include safety issues and the presence of restraining orders.
- I will not make recommendations regarding visitation or custody. I am not a forensic psychologist who is trained in this type of evaluation. Therefore I will not communicate with attorneys for either parent.

- Please provide me with a copy of the section of your divorce decree that specifies custody arrangements.
- Each parent must consent to treatment. Rare exceptions are clinically determined.
- Information provided by one parent may be shared with the other in order to facilitate treatment of your child(ren).
- Some exceptions to these policies include, but are not limited to, when a parent is incarcerated, lives out of state, has a restraining order in place against him/her, or has no contact with the family.

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Treatment Concerns

I am committed to working with you and your family. Please speak with me about any concerns about treatment at any time. There are grievance forms available in the waiting room for your use as well.

> If you have any questions and complaints regarding the practice of your therapy, you may contact the appropriate governing board. Contact the Board of Psychology at (866) 503-3221 or (916) 574-7720, or by mail at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.

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Confidentiality in the Treatment of Children and Adolescents

Please know that I respect your decision to seek psychotherapy for your child. I understand the concern and the vulnerability in you that this decision generates. It is important however that your child receive the confidentiality due him/her as the actual client. As a result, please understand that I am committed to working with your child in making healthy and adaptive decisions for him/herself. However, issues that I will not share with you include: drug and/or alcohol use, smoking, sexual behavior, sexual identity concerns, and time spent in activities that he/she does not have parental permission for, including time with friends, involvement in/with gangs, fighting, ditching/truancy/other school related behavior, and/or other delinquent behavior. Please note that if any of these concerns rise to the danger of self or others, I will make the appropriate disclosures and reports. The reason this policy is so stringent pertains particularly to the treatment of adolescents. If your child is concerned that I will inform you of his/her behavior, s/he will never disclose this behavior to me and I will miss critical opportunities to work with him/her to make better, healthier decisions for him/herself. I will share with you general themes and issues we are addressing in treatment.

This confidentiality policy is not intended to restrict our communication with one another. You are free to contact me at any point in time during your child's treatment to discuss his/her

progress and or any other related concerns. I am committed to having a strong working relationship with the entire family.

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Termination Of Therapy

The length of your child's treatment and the timing of the eventual termination of your child's treatment depend on the specifics of your child's treatment plan and the progress s/he achieves. It is a good idea to plan for your child's termination in collaboration with your therapist. Your therapist will discuss a plan for your child's termination with you as s/he approaches the completion of his/her treatment goals.

You may discontinue your child's therapy at any time. If you or your child's therapist determines that your child is not benefitting from treatment, either of you may elect to initiate a discussion of treatment alternatives for your child. Treatment alternatives may include, among other possibilities, referral, changing your child's treatment plan, or terminating your child's therapy.

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Your signature below denotes that you have read all of the information provided above, understand it, are in agreement with it, and consent to proceed with your child's treatment.

I have been provided with the opportunity to ask questions. This authorization remains in effect until revoked by me.

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Parent/Legal Guardian Signature   Date

____

Client Name   Date

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Eric Terry, Psy.D., RPT-S   Date