



**JENNIFER HARRIS PSYD & ASSOCIATES**

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## **Informed Consent for Psychotherapy**

**General information** The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

**The Therapeutic Process** You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Meetings** 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. If we agree to begin psychotherapy, I will usually schedule one 55-minute session (one appointment hour of 55 minutes duration) per week, at a time we agree on, although some sessions may differ in length or be more/less frequent.

**Telehealth** Technology has provided new opportunities for you to receive therapy even when you can't make it in to my office. I provide services via video to clients for whom telehealth services are a good fit.

Benefits of telehealth services include convenience and accessibility. Risks include the risks inherent to technology use, such as data being intercepted, or others at your end of the conversation overhearing. I encourage you to make sure that you have a quiet, private space for our scheduled telehealth sessions.

Prior to starting video-conferencing services, please review and agree to the following:

1. There are potential benefits and risks of video-conferencing (e.g., limits to patient confidentiality) that differ from in-person sessions.
2. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
3. You agree to use the *SimplePractice* video-conferencing platform for our virtual sessions, I will provide further directions on how use it.
4. You need to use a webcam or smartphone during the session.
5. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
6. It is important to use a secure internet connection rather than public/free Wi-Fi.

7. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
8. We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
9. If we have not discussed coverage yet, you should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
10. As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
11. To maintain confidentiality, you will not share your telehealth appointment link with anyone unauthorized to attend the appointment.

**Cancellations** Appointments can be cancelled or rescheduled at no charge with at least 24-hour notice. If you cancel an appointment with less than 24-hour notice, or fail to show up, you will be charged a \$100 fee for the appointment. Insurance will not cover for missed appointments, so you will be responsible for the full fee.

- If you arrive more than 15 minutes late, the session will be treated as a late cancellation and \$100 will be charged to the credit or debit card on file. Due to strict time requirements by insurance companies as well as the benefit of having the full session, it is incredibly important for clients to arrive on time. If you know you are going to be late to session, please reach out in advance.
- In-person appointments may be switched to Telehealth at no charge in the event you would like to still hold session, but prefer not to come into the office due to illness or other conflict.

**Billing and Payments** You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.

**Fees** My fees are subject to change over time. I will give 30-day notice of any changes in fee schedules. Please be aware, if you are using health insurance, I will follow their contracted fee schedule (you can learn more about this rate by contacting your insurance provider).

**Legal fees** If I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of \$200 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

**Insurance reimbursement** In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above (unless prohibited by the insurance contract).

**Confidentiality** The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her/them self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. Additional rare instances where disclosure is required by law

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Email communications and text messaging** I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

If you need to contact me between sessions, please email or leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or any local emergency room.

**Social media** I do not communicate with, or contact, any of my clients through social media platforms like LinkedIn, Instagram and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

#### **Emotional Support Animal letters**

If you are interested in obtaining an Emotional Support Animal letter, please be aware **that I do not write these letters.**

**Animals in the office**

On occasion, you may ask to bring your pet or emotional support animal to session with you. To ensure the safety and comfort of everyone in the office, you may not bring your animal to session unless we have specifically discussed it and I have approved it. If you do bring an animal to the office, you must maintain control of your animal at all times, and agree to take full responsibility for the animal, including any cleanup or repairs that may be needed.

**Recording devices**

My devices - I have a number of smart devices that have microphones, including my cell phone and laptop, that may be in the office. These devices generally have voice control turned off, and so are not recording. However, for any device (such as a smart phone) that is voice controlled, recorded snippets of conversation may be sent to the device manufacturer.

Your devices - If you bring a smart device (such as a modern cell phone) to session, that device likely has the option of voice control built in. If voice control on your device is enabled, the microphone may be always on, and snippets of conversation may be recorded and sent to the device maker. If you prefer not to take this risk, please disable voice control on your devices while in session.

**Recording during sessions**

Please feel free to take notes in session if you believe it will be helpful in remembering key points of discussion. However, audio or video recording of sessions is prohibited.

**Therapist emergency or incapacitation**

In the event of my unexpected absence, I maintain a Professional Will that appoints a colleague to make contact with you on my behalf. This colleague is only granted access to your file or contact information in the limited instance that I become unexpectedly absent from practice and am unable to make contact with you myself to arrange for continued care.

**Threats, harassment, and intimidation**

If you engage in threats, harassment, or intimidation toward me or others in this office, this may be grounds for immediate termination of therapy. You also grant permission for me to share information about any threatening behavior with law enforcement and/or others as I believe necessary to protect my safety and that of others.

**Termination of services** Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule or miss a scheduled-appointment for **three consecutive weeks**, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued and will notify that I have closed your file.

By signing below, I understand and agree to these terms. I understand the conditions of this policy and agree to the conditions stated above.

PATIENT NAME (PRINT) \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_