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Informed Consent Document for Psychotherapy

This document contains important information about my practice policies. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy can have benefits and risks. It often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have benefits. But there are no guarantees of improvement.

MEETINGS

I usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you must pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control.

PROFESSIONAL FEES

My hourly fee is \$150. I charge this fee for therapy sessions and for other professional services, such as report-writing or telephone conversations lasting longer than 10 minutes. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You must 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 necessary, I will negotiate a fee adjustment or payment installment plan. If your account 60 days overdue, I may hire a collection agency or go through small claims court. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

If you choose to use your behavioral health insurance to pay for my services, you (not your insurance company) are responsible for full payment of my fees. You are responsible find out exactly what mental health services your insurance policy covers. Your insurance company may ask me for clinical information. This information will probably be stored in a computer. I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it. You always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

CONTACTING ME

I cannot answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that is only available to me. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you can't wait for me to return your call, contact your family physician or the nearest emergency room. If I will be unavailable for an extended time, a colleague will take my calls.

PROFESSIONAL RECORDS

I will keep records of my work with you. You are entitled to receive a copy of your records. If I believe that it would be emotionally damaging for you to see them, I will arrange with you to send them to a mental health professional of your choice. I recommend that you review them in my presence so that we can discuss the contents. I charge a reasonable fee for copies of records.

MINORS

If you are under eighteen years of age, Texas law allows your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections.

CONFIDENTIALITY

Most communications between a patient and a psychologist are private. I can only release information about our work to others with your written permission. There are a few exceptions. In some proceedings legal involving child custody or when your mental health is related to the issue in the court, a judge may order my testimony. If I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that you are a danger to yourself or others, I will act to prevent harm. I may occasionally consult with other professionals. If I do, I will not mention your name and will try to keep your identity secret. The professionals I consult with are legally bound to keep the information confidential.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of client

Printed name

Date