

INFORMED CONSENT FOR RECEIVING PSYCHOTHERAPY*

Your decision to begin therapy can be a very important step in your life. Because of my sincere appreciation and respect for your decision, I want to make the beginning of our therapeutic relationship as comfortable as possible. Some of the most valuable aspects of our relationship will be our mutual honesty, respect, and trust. Therefore, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect.

General Description of Therapy

An important part of effective therapy is having a supportive relationship in which you are able to talk comfortably about your thoughts, feelings, and experiences. Therefore, I aim to provide therapy that is grounded in empathy, genuineness, and warmth. During the first session, I will ask you about your reasons for seeking therapy, goals you would like to accomplish by participating in counseling, and information pertinent to your presenting concerns and goals. In subsequent sessions, we will work toward accomplishing your goals for therapy, which at times will also include your participation in reflection and exercises outside of session. Each session typically occurs weekly and is scheduled for 50 minutes, unless treatment needs dictate otherwise. Length of treatment varies for each person and also depends on the nature of one's goals.

You are seeking psychological services because you want to make some changes in your life. While I will help you attempt to achieve your goals, I cannot guarantee that the outcome will be exactly what you seek. At times, therapy can be stressful, time-consuming, and bring on strong feelings, such as sadness, anger, or frustration. Also, therapy's success depends on your sustained commitment, flexibility, active participation, and regular attendance.

You may ask questions about your therapy at any time. If at any time you feel that your needs are not being met, please feel free to discuss this with me. We can modify our treatment approach or I can refer you to other types of treatment that may be a better fit for you.

About Dr. del Prado

I am a licensed psychologist in California and a tenured faculty member in the clinical psychology doctoral program at the Wright Institute. I graduated from Washington State University with a Ph.D. in Counseling Psychology in 2007 and trained at UC Berkeley for a predoctoral internship and postdoctoral fellowship. I provide therapy that is grounded in interpersonal, cognitive-behavioral, and multicultural perspectives of identity and human functioning.

Confidentiality

As a licensed psychologist in the state of California, I have the duty to adhere to certain ethical and legal guidelines regarding our sessions. That means that, aside from certain exceptions listed below, I will not and cannot breach your confidentiality. The exceptions to confidentiality include:

- any reasonable suspicion of child, dependent adult, or elder abuse or neglect
- when you are in danger of harming yourself or another person, or are unable to care for yourself
- if you communicate to me a serious threat of physical violence against another person, I am required by law to inform both potential victims and legal authorities
- if I am issued a court order to release information as part of a legal proceeding
- as otherwise required by law

Also, please note that I may from time to time seek consultation from my colleagues in order to enhance the effectiveness of my psychotherapy. If I do seek consultation, I will protect your privacy by not revealing any identifying information about you.

When teaching classes in psychology, there may be times I integrate knowledge and examples from my clinical work into the classroom for the learning of the psychologists in training. Under such circumstances, I always deidentify any material and may change pertinent information so as to protect the privacy of my clients.

Record Keeping

I maintain a clinical chart for each client. Information in the chart includes a description of your presenting concerns, treatment goals and plan, progress in therapy, dates and fees, notes describing each session, and any applicable diagnoses. I also keep record of any consent, release, assessment, or other forms completed during the course of therapy. Your records are kept in a secure location.

Telephone Contact

I can be reached by calling (510) 841-9230 x141 (office) or (510) 390-4147 (cell). If you are calling with an emergency, please leave a message indicating so and I will return your call as soon as possible. Otherwise, I will make every effort to get back to you within the day of your call. If you do not want me to leave messages for you (e.g., on a shared answering machine), please let me know. In the unlikely event that you cannot reach me in an emergency situation, please contact your family physician or your local emergency room and ask for the psychologist or psychiatrist on call, or call 911. Please note, I do **not** use texting as a mode of professional communication.

Email Contact

I can be reached through email at adelprado@wi.edu to arrange or change appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal, clinical record.

Payment for Services

The fee for outpatient psychotherapy is \$250 per session, unless otherwise arranged, and is to be paid at the beginning of the session. I accept payment by cash, check, or credit card at the time of service. Longer or shorter sessions are generally prorated from this fee, and a 3% service charge applies for credit card payments. Telephone sessions will be charged according to the same fee schedule. Of course, there will be no charge for brief telephone calls, such as for scheduling appointments. There will typically be a 5% increase of the session fee at the beginning of every calendar year, and I will give you ample notice before any changes to your fee. Delinquent accounts will be referred for collection, and bank charges on returned checks are your responsibility.

At this time, I do take Aetna and Anthem Blue Cross insurance. If you have a copay, you are responsible for paying it at the date of the appointment. If insured by a different company, you can submit my billing statements to your insurance company for reimbursement.

I _____ have read and understood all of the above and will
assume full responsibility for payment of services for _____.

Signature

Date