



INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Colorado Anxiety Treatment Center and Charles D. Glass, Ph.D.

PSYCHOLOGIST-CLIENT SERVICES AGREEMENT

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychological Services

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you.

Risks and Benefits of Psychological Treatment

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, frustration, loneliness and/or helplessness because the process of psychotherapy often requires discussing unpleasant aspects of your life. Should these feelings occur, they may be more intense and frequent during the early stages of treatment and will likely lessen and become more tolerable as your treatment progresses. It is likely that you will be encouraged to confront situations you might prefer to avoid. Doing so can temporarily lead to stress or anxiety. There is always a risk that your symptoms may return. Should they do so, CBT skills and techniques will most likely make it easier for you to manage them. Even after you feel better, it is important that you keep practicing the CBT skills and techniques that you have learned in therapy.

CBT has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction of feelings of distress, increased satisfaction with interpersonal relationships, greater personal awareness, insight and functioning, increased skills for managing stress and resolutions to specific problems. Positive results cannot be guaranteed. In order to be most successful, CBT requires active practice of assigned homework activities in between therapy sessions.

Professional Records

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office. We keep brief records noting the reasons for seeking therapy, diagnoses, medical, social and treatment history, session dates, treatment goals and progress, topics discussed in treatment, records we receive from other providers, copies of records we send to others, and billing records. You have the right to a copy of your file upon written request. Because these are professional records, they may be misinterpreted and/or upsetting by untrained readers. For this reason, we recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

In accordance with state law and the ethical principles of the American Psychological Association, all the information that you provide to us, whether verbal or written, is considered confidential. This information cannot be shared with other parties without your written consent. There are exceptions to this rule, such as if there is an immediate risk of harm to you or to others, or if a court of law subpoenas your records. Please be aware that communicating with us via email is not considered a secure form of communication. Therefore, the confidentiality of any information provided to us by email cannot be guaranteed.

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Policy and HIPAA Compliance.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement may be essential. For children 13 and older, I request an agreement between the child and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I believe there is a safety concern, in which case I will make every effort to notify the child ahead of time of my intention to disclose information.

Contacting the Office

I am often not immediately available by telephone. I do not answer my phone when I am with clients. You may leave a message with my confidential answering service and your call will be returned as soon as possible. If, for any unforeseen reason, you do not hear from me or I am unavailable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please call 988 for crisis support services or call 911 to request emergency assistance, or go to your local hospital's emergency room.

Other Rights

If you are unhappy with your therapy, please talk to me so that I can discuss your concerns with you. Your concerns will be taken seriously and handled with care and respect. You are free to discontinue therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

Consent to Treatment

Your signature below indicates that you have read this Agreement and the Notice of Privacy Policy and HIPAA Compliance.

Signature of Patient, Parent or Legal Guardian: _____ Date: _____