

# **Informed Consent for Assessment and Treatment**

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Welcome to Professional Counseling Associates, LLC! This document provides important information regarding counseling services provided by Justin Smith, Psy.D.. It is important that you read this document carefully and discuss any questions you might have before you sign it.

## **Assessment**

In order to better understand you and your situation you will be asked a variety of questions. Common questions include what are your goals, what would you like to see happen, when you noticed the problem, how the problem impacts your day-to-day functioning, and so forth. Other common questions inquire about any physical symptoms, medications or health concerns, relational conflicts, family dynamics, your thoughts, and your feelings. It may be appropriate for you to consult with your family physician or a psychiatrist depending on your symptoms and concerns. You have the right not to disclose information or talk about topics you are uncomfortable with. However this may make accurately assessing your situation more difficult. And if the assessment is not accurate, the treatment may not be helpful or may take much longer. While disclosing personal information may initially seem uncomfortable, most people appreciate the chance to talk to someone about their situation and some find relief just from talking about their concerns, even during the assessment phase.

## **Treatment**

We will work together to establish goals and a treatment plan. There are many approaches to counseling and methods differ according to the issues and problems involved. My training and experience has largely been in systemic (or relational) approaches and cognitive-behavioral approaches. It is important that you actively participate in the sessions for the counseling to be most successful. While I will periodically review our progress you should let me know whenever you believe sessions are unproductive or you would like to change the goals or treatment approach. You may discontinue counseling at any time. We may talk about your thoughts, feelings and behaviors and I may ask you to keep track of when and where you experience these. Counseling sessions typically last 50 minutes and usually continue for ten sessions or longer. Most people experience some relief in ten sessions, with some people achieving their counseling goals before then while others need to continue with some form of counseling or other support.

## **Benefits and Risks**

Counseling has shown to have many benefits including better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees, however, that you will achieve or experience these. Without counseling you may continue to experience distressful symptoms, your symptoms may get worse, or your symptoms may improve. During counseling you may experience uncomfortable feelings or distressing thoughts. While counseling works to alleviate distressing thoughts and feelings, sometimes they get worse before they get better. You are free to discontinue counseling at any time. If no substantial progress is being made I may discuss discontinuing counseling with you. In either case, you may elect to get counseling elsewhere and I will assist you in finding an alternative counselor if you so desire.

## **Emergencies & Availability**

Every effort is made to answer phone calls and email requests in a timely manner. The main office is open from 8:00am to 5:30pm, Monday through Friday, with the exception of holidays. Phone messages and emails are not typically returned outside of normal business hours. While

PCA makes every effort to respond in an appropriate manner, PCA does not have the capability to respond immediately to counseling or medical emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact crisis line: 480-784-1500; Banner Help line: 602-254-4357; Maricopa County Crisis Hotline: 602-222-9444). Established clients with an urgent need to make contact may call PCA and every effort to respond as soon as possible will be made, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

### **Credentials**

I received my Masters degree in Counseling Psychology in 1990 and my doctorate degree in Clinical Psychology in 2004. I am a licensed psychologist in Arizona.

### **Confidentiality**

All communication and records created in the process of counseling are held in confidence. As a recipient of services from PCA the office manager may have access to information about you - your name, contact information, and your presence on my scheduling calendar for example. There are several exceptions to confidentiality defined in state and federal law. Some of these include: threats to take your own life; threats to take someone else's life; disclosure of child abuse or neglect; disclosure of abuse or neglect of a vulnerable adult; and a court subpoena.

### **Digital and Electronic Communication and Information**

Rapidly changing technology has made cell phones, email, and other electronic communication common place. Such communication is popular because of how easy it is to access wherever you are – in the car, at home, running errands and so forth. Forwarding calls, messages, and emails increase the potential for communication to be intercepted in transmission, misdirected, or retrieved unintentionally. While most of these services are generally reliable they are not as secure or dependable as face-to-face communication. Diligent efforts are made to safeguard electronic communication but please do not include sensitive personal information or extensive identifying information (usually one can schedule or cancel appointments, ask for general information and leave one's name and number). When making calls, listening to messages, reading messages, and the like, be mindful of the setting you are in. The electronic storage of information can be compromised, often without either party realizing confidential information has been taken. Should there be a breach of electronic information PCA will attempt to notify all relevant parties.

### **Social Media Policy**

Part of the effectiveness of therapy is the anonymity it provides. Consequently, counselors and clients should not befriend or follow each other on Facebook, Twitter, Snap Chat, and other social media platforms. To ensure your privacy I do not respond to social media requests from clients. Please do not be offended if I do not engage with you on social media.

### **Methods for a client to obtain information about the client's records**

In accordance with Arizona Revised Statute (A.R.S.) §12-2293, with your written request of access to or copies of your client records, I shall promptly provide your client records to you or the person that you designate in writing (for example, another health professional or your legal representative) unless I determine and notify you that access to your client records is contraindicated. Also, I am exempt from making available raw test data and psychometric testing materials. There may also be additional limitations on access to your records not mentioned here but found in the Arizona Revised Statutes that apply. If I determine that you should not have access to your client records, I shall note this determination in your client record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence. Client records and

information are in the custodial property of the PCA. If I am unavailable for an extended period of time, a protocol has been established so that you may be able to access your records.

**Provision of Services - Financial**

Counseling services at PCA are on a fee for service. Payment is due at the time services are rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for a 45-50 minute counseling/psychotherapy session is \$160.00. Consultation and seminar fees vary and are contracted on a case-by-case basis.

In addition to the basic session fee, there may be other fees for additional services such as psychometric testing, report writing, telephone or electronic counseling, consulting, books and materials, copies of chart records, etc. Fees for forensic and court related cases including subpoenaed, deposed testimony in a legal, court-related activity, in or outside of a court of law, whether civil or criminal, are \$300 an hour; prorated at \$75 per 15 minute increments. Please be aware, if you choose to have an attorney or any other professional contact me by phone, email, etc., to discuss your case, provide case notes, provide a report of services rendered, provide diagnostic impressions, etc., the fee will be \$75.00 per 15 minutes. Copies of chart notes or any other documents are \$10.00 for the first 20 pages, thereafter .25 per page, plus actual postage if applicable – these rates help to cover any administrative time and postage needed to efficiently forward the client records.

Currently, debit or credit cards (Visa, Mastercard, Discover Card, American Express), personal checks, business checks, and cash are all accepted as forms of payment. PCA reserves the right to change any fees with 30 days’ notice posted in the office. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess PCA. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with Dr. Smith or the administrative assistant if you have any concerns. A separate Payment Agreement form is provided to you for clarification.

**Consent for assessment and treatment**

I voluntarily grant consent for assessment and treatment under the terms described in this consent document. I acknowledge that I have read and received a copy of this informed consent agreement. I understand that I may revoke this consent at any time with either written notice or direct verbal communication with Dr. Smith.

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Printed Name

\_\_\_\_\_  
Printed Name

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Client Signature                      Date

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Client Signature                      Date

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Counselor’s Signature              Date