

# **Cape Fear Developmental Therapies PLLC**

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## **INFORMED CONSENT and PRACTICE GUIDELINES for OUTPATIENT TREATMENT SERVICES**

Thank you for selecting our practice. This document contains important information about our professional services and business policies. To protect the safety of our clients and families, and our practice, we adhere to the strategies herein described. ***Please read this information carefully and jot down any questions*** you might have for discussion at the first session – particularly note your rights (and the rights of your child/adolescent) as a client of this practice, as detailed on page 9. Your signature related to this document will represent a formal agreement and consent for therapeutic services for your child or adolescent, or if you are of legal age, for yourself.

### ***Qualifications of our providers:***

Dr. Kirk earned a Bachelor of Arts degree with Honors in Psychology from UNC-Chapel Hill, a Master of Science in Special Education from University of Kentucky, and a Doctor of Philosophy degree in Child Clinical Psychology from West Virginia University. Her clinical psychology internship was at the University of Washington. She has worked in a professional capacity with children and their families since 1980, in school systems, hospital settings, and outpatient clinics in the United States, and with US military families stationed in Europe. She also teaches psychology at the college level. She works from developmental, neuroscience, and cognitive-behavioral perspectives, which will be explained as we work together. As a psychologist, Dr. Kirk brings certain expertise to our collaboration, while you bring knowledge about your child and family, and a vision of how you want your child or adolescent to develop within the context of your family. Dr. Kirk enjoys working with a diverse range of clients and concerns, and always hopes that she can be helpful in responding to your questions and needs.

Dr. Galarza earned a Bachelor of Arts degree in Psychology from the University of Puerto Rico – Mayagüez Campus, a Master of Science in Educational Psychology from Texas A&M University, and a Doctor of Philosophy degree in School Psychology from Texas A&M University. She completed her psychology internship in the Child Study Department at Houston Independent School District. Since completing her doctoral degree, Dr. Galarza has worked with children and their families in a variety of settings including school systems, private practice, and community action agencies. This work has helped meet the behavioral, academic, or emotional needs of the children and their families. Dr. Galarza works from both developmental and cognitive-behavioral perspectives. She has also taught a variety of college-level psychology courses at both the graduate and undergraduate levels. Additionally, she brings a multicultural perspective to her work as she is fully bilingual in English and Spanish.

Ms. Carper holds a Master of Science degree from Walden University in Clinical Mental Health Counseling, and a Bachelor of Arts degree from the University of North Carolina at Wilmington in Therapeutic Recreation. She worked for ten years in the public school system with children with special needs, including autism and developmental delays. Ms. Carper interned with Dr. Kirk, and is now a Nationally Certified Counselor, with recent additional certification in Play Therapy. She provides counseling to children and adolescents from toddlerhood to young adulthood, and their families. Therapeutic services are provided in both individual and group settings, via a variety of approaches, including cognitive-behavioral, developmental, and play therapy. Ms. Carper enjoys working with clients

and their families to improve thought patterns and behaviors, through examination of the origins of problematic thinking styles and reactions, and guidance in replacing those with more effective, positive coping strategies that can lead to a happy, fulfilling life.

### ***The Process of Therapy and Evaluations:***

Dr. Kirk typically only provides evaluative testing and treatment planning services; Ms. Carper provides therapeutic counseling services, and Dr. Galarza provides both. We work collaboratively with each client, to decide which services and goals might best address your referral questions. It is important to realize that the process of psychotherapy is not easily described, and may include ongoing assessment as sessions proceed.

Evaluation and therapy vary depending on the personalities of the psychologist and patient, and the particular questions that you want to try to answer about your child or adolescent. Psychotherapy and testing can have benefits, but often involve some “risks”. Since therapy or assessment frequently includes discussion of issues or situations that a person does not like to talk about, you or your child/adolescent may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. We may challenge some of your/their assumptions and perceptions, and propose different ways of thinking about or handling situations, which may leave you or your child/adolescent feeling upset, angry, or disappointed at first. Attempting to resolve issues that brought you and your family member to a psychologist or counselor may result in changes that were not originally intended. Psychotherapy, and even test findings, can sometimes result in decisions that you and your family were not prepared to address. Further, the therapeutic process is often gradual and can be frustrating. Outcomes, though, can be worth that effort; evaluation and therapy have clearly been shown to result in significant benefits for children and families who work through the difficult issues. Identification of concerns that need to be addressed, and subsequent therapeutic treatment, often lead to more effective family functioning, solutions to specific problems, and significant reduction in feelings of distress. There can be no “guarantees” for what you and your child/adolescent will experience, but we are committed to trying to facilitate positive change.

To enhance the possibility of success, evaluation and therapy involve a significant commitment of time, energy, and even money, so of course you will want to be very careful about the provider you select. We can discuss your questions or concerns at any time. If at any point you and/or your child/adolescent desire(s) to seek a second opinion or other services, you can voluntarily terminate therapy with our practice, and/or we can help you identify another therapist or agency that might better fit your needs. We will only discuss your child’s / adolescent’s case with another therapist if you give us such permission in writing.

### ***How Sessions Run:***

Therapy or evaluation sessions will not be like a medical doctor visit, which often involves being given direct guidance; rather, in psychological treatment, it is important that you and your child/adolescent take a very active role in our work together. In order for therapy to have a positive outcome, you will be working outside of the sessions on strategies we discuss. Good progress can be achieved when you become actively focused on and involved in the goals we set together.

Our first session (or first few sessions) will involve an initial assessment of your referral questions, and your child’s/adolescent’s needs. Please don’t be disappointed if we don’t discuss clear treatment recommendations in the initial session; you will want us to obtain as clear a picture as possible of your child/adolescent before we render any specific diagnostic indications or treatment suggestions. Of course, the more open and honest you are in helping us understand your concerns in the early stages of the assessment process, the more likely for us to identify potentially beneficial strategies. Certainly, by the end of the intake or evaluation process, our goal will be to offer you clinical impressions of what seems to be going on with your child/adolescent, and to suggest an appropriate set of treatment options

to follow. We will decide together whether therapy needs to be ongoing or if testing / evaluation is all that is needed. If therapy is indicated, we can discuss the frequency of sessions that would be recommended. You have the right to question our suggestions, ask about other possible treatment options, and consider whether you feel comfortable working with us, and having us work with your child/adolescent.

Typically, sessions run for 45-60 minutes, though test sessions are longer, usually 2 or more hours. For therapy, once per week sessions might be indicated at first, in order to develop a strong relationship with your child/adolescent, though a schedule of sessions every 2-3 weeks is our typical therapy frequency, so that you and your family can work on strategies between sessions.

It is important for you to realize that we are not medically-trained doctors, and in the state of North Carolina, licensed clinical psychologists and counselors cannot prescribe medication. However, one of the reasons that we are very happy to be colleagues of several medical practices in our region, is because we have the opportunity to work closely with the pediatricians and other medical providers in collaborative support of your family. Thus, if in our psychological work we (including you) determine that a referral for a medication evaluation, or other medical work-up, is indicated, we can follow-through with such referrals immediately. In some cases, depending on the medical / medication needs that we identify for your child/adolescent, we may decide on a referral to a psychiatrist instead of working with a pediatrician or general physician. Child and adolescent psychiatrists have even more knowledge and expertise related to psychological issues and relevant medications.

*It is essential for you to know that at each session we (parent and provider) will decide whether you will stay in the room for the therapy process, or whether we will spend time alone with your child or adolescent and/or you – that decision will depend on our goals for the session. Sometimes the child/adolescent needs his/her own time to talk about and process events and issues in their lives, and sometimes it is beneficial and/or necessary to the therapeutic process to have you in the session. It is very important for you to realize that the primary therapeutic relationship will be between your child/adolescent and ourselves (the providers), and we have to preserve that relationship in order for your child/adolescent to trust us and to make any progress. That means that we will work with your child/adolescent to determine how and when we might discuss certain information with you. We will explain these limits of therapeutic confidentiality in more detail in our first session.*

We recognize that you may at times have to bring your other children with you to sessions; however, please keep in mind that if we do need you in the session, it may be difficult for us to focus on the needs of the child in therapy, if you have to keep an eye on siblings as well. We just ask that you consider how best to use the therapy time for the child that we want to focus on. In fact, at times we may even want to have siblings in sessions, again depending on our goals for therapy.

We will also discuss how and if there would be a need to include other family members in sessions. Sometimes it is helpful to have sessions with each parent and the child / adolescent separately, or together as a family, and sometimes it is even prudent to include grandparents or others who provide care for children. We will make these determinations on a case-by-case and session-by-session basis.

We additionally want to make sure that you are aware that unless a court has determined that a biological parent's rights have been terminated, we have to provide any data or information about your child/adolescent to both parents. There are many family configurations, and we have to take great care to ensure that we follow all legal guidelines for custody arrangements. If the child's/adolescent's biological parents are not together, we will require that the written custody agreement be shared with this office, to keep in the confidential record. Also, please realize that we cannot treat children or adolescents who are brought to the session by persons that you have not indicated to us, in writing, as being a designated caregiver. We can determine our ability to respond to certain persons in the child's/adolescent's life on a case-by-case basis.

### ***Termination of Therapy:***

Together with you, we will assess our goals for therapy as we proceed, and when those goals are met (or unfortunately there is limited prognosis for progress at that time), we will consider how and when to terminate, or take a “break from”, therapy. We will also discuss how you will know if or when to return to therapy with your child/adolescent, or whether regularly-scheduled “check-ins” might work best. We do recommend that therapy be phased out instead of ending abruptly, to preserve the integrity of the therapeutic relationship between your child/adolescent and the provider.

Alternately, you or your child/adolescent have the right to terminate therapy at any time. If you, or we, feel that we are not effective in helping you reach the therapeutic goals, or if you disagree with the goals that we indicate, it will be best for us to discuss those issues and, if appropriate, terminate treatment and refer you to another provider who may be of more help to you and your family. Keep in mind that it is important for the child/adolescent to have some closure in that circumstance too, which is the reason for us to plan any termination effectively.

Two other sets of circumstances would warrant termination of therapy. First, if you or your child/adolescent commits violence toward, or verbally or physically threatens or harasses, a provider or staff person in this office, or any families supported by this practice, we reserve the right to terminate your child’s/adolescent’s treatment unilaterally and immediately. Second, failure or refusal to pay for services rendered, within a reasonable amount of time, is another condition for termination of services. We can discuss payment arrangements if your financial situation changes; that communication will be crucial to our ongoing relationship.

### ***Professional Fees:***

Our Office Manager will tell you about our fees for the initial intake evaluation, as well as therapy sessions and psychological testing sessions. Intake and therapy fees are based on amount of time, and testing is measured in units; these fees and codes are all set by insurance guidelines. A “unit” of testing is equivalent to an hour, and testing units include the time required to score test findings, interpret test results, generate reports that include treatment recommendations, and provide feedback to you.

In addition to face-to-face appointment fees and depending on insurance coverage, we may charge for other professional services you may need. Other services and charges could include writing summary reports of therapy progress, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals that you have authorized (such as teachers or other therapists), preparation of records for sharing with you or other professionals at your request, and the time spent performing any of those or other additional services you may request of us.

### ***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 which requires another arrangement. If the services we provide are covered by insurance, you will be expected to pay any copayment, and/or other member expense due to deductible or coinsurance, at the time of each service. Payment schedules for other professional services will be indicated and agreed to when they are requested. **Please see the separate Payment Policy document for full details about fees and insurance reimbursement.**

### ***Business Practices for Cancellations, Late Arrivals, and No Show to Appointments:***

Scheduling an appointment with us means that we have set aside that time specifically for you and your child/adolescent. Please keep in mind that because our appointments are longer than most medical appointments, we can only see a limited number of clients per day. “Wasted” time slots prevent clients (your child or other families) from getting services they need in a timely manner. We do not have people

waiting to be seen if you do not come to your appointment, or if you cancel at the last minute. Thus, our policy is that if you do not cancel your appointment with at least 24 hours' notice, you may be charged a fee of \$25 based on your insurance plan guidelines, which would have to be paid prior to or at the next scheduled appointment. That fee also applies to any appointment that you have scheduled but do not attend. This is referred to as a "no show", and you will have to call at a later point to try to re-schedule. It will not be our responsibility to follow-up on any cancelled or "no show" appointments; you must take that responsibility.

We, of course, recognize that illness and other circumstances may prompt the need to cancel at the last minute, either on your part or ours, but from a business perspective, we have to ask you to realize that we would not likely be able to fill an appointment slot if you cancel on such short notice. Thus, we ask you to agree that it is fair that you do pay for a late cancel. Please remember that cancellation and no-show fees are not reimbursable by insurance.

In order to be fair to all families, if you cancel three times or no-show two times within a two-month period, you and your child/adolescent will not be re-scheduled in this office; we can provide a referral to another therapist or clinic who might be better able to meet your needs.

Also keep in mind that, unfortunately, re-scheduling with us can be very difficult, as our appointment schedules tend to fill up quickly and we can be booked out for several weeks. That is why we ask for your understanding and careful planning before you cancel an appointment, so that you do not become frustrated with not being able to get back in to see us in a timely manner.

If you are running late for your appointment with us, please phone the office and let us know you will be late. That courtesy will help us plan, and we won't get involved in a phone call or other work if we know you are still coming. However, please be aware that we will still have to end our session at the scheduled time for your appointment, because we have to stay on schedule for subsequent clients. Any appointment for which more than 20 minutes is missed, due to your late arrival, will result in your family not being seen that day; the session will be considered a late cancel and appropriate fees will apply.

### ***Communication – including electronic communication:***

Because we run a back-to-back schedule of sessions nearly all day, we are rarely available by telephone during the office day, which can run from 8:00 am until 8:00 pm. Our support staff is typically in the office from 8:00 am until 5:00 pm, or 4:00 on Fridays. We see clients in consecutive appointments throughout the day, so it is best to leave a message with our support staff or via the patient portal (you will be given access to the portal after your child or adolescent is accepted as a client in our practice). It will be helpful for you to leave as much information in your message as possible, which will be relayed to us within 24 hours, so that we can make a determination about how best to respond to you. Our support staff will always have an obligation of confidentiality, so that any information you give to her/him will be protected.

We recognize that you, as the parent/guardian, may want to talk via phone or portal messaging between sessions, but we often cannot accommodate unscheduled requests. We will respond to emergency phone consultations as soon as we can within the day. However, in non-emergency situations, when we assess a phone or portal message that you leave with our support staff, we will determine whether 1) they will call you back with answers to your questions, or 2) they will set up a specific time for us to talk by phone, or 3) the message will be answered via the portal. That way, we can communicate in a planned manner, without missing each other in repeated efforts to call, which hopefully serves your needs more effectively. Please be advised that if we spend more than 10 minutes on the phone, or more than 10 minutes reading and responding to any type of message from you, outside of a regularly-scheduled session during a given week, or if we spend more than 10 minutes involved in coordination of care for you or your child/adolescent per week, we will bill you on a prorated basis for that time, depending on your insurance plan guidelines.

In fact, because we also sometimes have very limited capability to speak with you separately during a session (we don't like to leave children unattended while we would be meeting behind closed doors), portal messaging, e-mailing, faxing, or bringing written documentation with you to sessions are often good ways to let us know information that you might not want to discuss in front of your child. However, please be aware that we may not see an e-mail or portal message at the time that you hope; thus, it is advisable to call the office and alert our office manager that you sent the message, and would like us to read it when we get a moment before your session. If needed, we may even decide that we will want to schedule some sessions with you, without the child or adolescent present.

***It is critical for you to remember the limits of confidentiality regarding electronic communication though (e.g., text, e-mail, and even our secure portal). Ethical and risk management guidelines for mental health providers recommend that we use electronic communication as little as possible. Thus, you can make the determination about how much information you want to send, but don't expect that we will respond in any sort of identifying detail. In other words, electronic communication is your choice, and will predominantly be for you to submit, not receive, information. We cannot guarantee privacy nor confidentiality via electronic means, no matter how secure we try to make it. Our policy regarding any electronic submissions from or to you is to keep our electronic services password protected and known only to us, and upload e-mails and portal messages to our secure health record system as soon as we receive them. For e-mail in particular, we will acknowledge receipt of any message, and potentially answer questions briefly, but refer you to the portal for anything that needs more confidential protection. We will also delete texts and e-mails immediately after reading and responding, in order to eliminate any possible access by an unauthorized user. Again, limiting our exchanges over electronic means protects your confidentiality, and it is best practice not to do "therapy" by phone or e-mail, or any other type of electronic messaging.***

In summary, we ask you to realize that the best mode of communication with our practice is face-to-face contact, or brief phone consult via portal messaging if needed – except in cases of emergency, as described next.

### ***Emergencies:***

If an emergency arises during business hours, please call the office, rather than using any other form of communication. Even if the phone is not answered, leave a message, because we check messages as soon as we end another call that we might be on. Make the emergency status clear in your phone message to our support staff. Do not rely on e-mail, text, or portal messaging in an emergency situation. Office staff will alert us to call you within 60 minutes, or they will, on our direction, provide you with information about available emergency / crisis services. If you need to call us after hours, or on weekends or holidays, you can call the office number, follow the directions to get to our extensions, and emergency information will be indicated in our after-hours message (on-call mobile numbers, or information about the local Mobile Crisis Unit). If you go to an ER, you can suggest to the psychiatrist to contact us. If we will be unavailable for an extended time, our office staff or our after-hours messages will direct you to our back-up crisis coverage plan. See our separate document indicating after-hours coverage for our practice.

In any emergency situation that would warrant a reduction of in-person services or closure of the office, your provider will be in contact with you to determine how to proceed. When our licensing Boards and insurance companies allow for any telehealth / telepsychological options for service delivery, we will do our best to accommodate our clients needs, while protecting the health and safety of all persons involved. A separate consent form will be provided for telepsychology services, and will only apply when authoritative bodies authorize those specific service delivery options.

## ***Legal Issues:***

In our first session, if you have any questions about potential legal proceedings, or if we feel that your referral concerns might lead to that possibility (e.g., Court input, subpoenas, etc.), we will explain the limits of what our practice can submit. It is important to realize that we provide psychological evaluation and therapy services for children and adolescents. This practice does not conduct child custody or parenting capacity evaluations, nor forensic evaluations in this practice, and we will refer those assessments to a qualified provider if those needs become apparent in your case. It is important for the therapy role to remain separate from any legal determinations. We will explain these boundaries, should such a situation exist or develop.

If we are subpoenaed to a Court proceeding on your behalf, the fees will be paid by you or the responsible agency, with rates being determined in advance. Our fees will cover time spent in preparation for the court appearance, travel, wait time, time spent on actual testimony, as well as any time spent conferring with attorneys. Legal fees are not paid by insurance. As indicated above, it is also critical that you realize that in any Court proceeding, we will only be able to comment on the psychological services provided to the child; we will not be in a position to reflect on your – or any other caregiver's – parenting style, because we are not evaluating you. We will also not be on "one parent's side" or the other; we will only be able to discuss your child's/adolescent's functioning. That data can be used by the appropriate authorities to address your legal questions.

## ***Professional Records:*** (see also the Notice of Privacy Practices)

The statutes and standards for our profession require that we keep treatment records. You are entitled to review the progress notes and any written summaries that we keep regarding our work with your child/adolescent, though we have found that the best way for you to review those records is to ask us to prepare a summary. We will provide such a summary unless we believe that to do so would be emotionally damaging to you or your child/adolescent (i.e., taken out of context). Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see the records, we recommend that you review them in our presence so that we can discuss the contents. You may be charged an appropriate fee for any professional time spent in responding to information requests, including photocopying, preparing summaries, and/or mailing information.

If during the course of, or after, a psychological evaluation or therapy process, you (parents/legal guardians) become involved in a custody/divorce dispute and/or litigation and we receive a subpoena for records, by signing this agreement you are confirming that you understand that we will determine whether sending a summary of psychological services will allow us to maintain the confidentiality of the protected health information. We work with the Court on those determinations on a case-by-case basis. Depending on such decisions, we may also have to provide the same information to the other party and his/her legal representation.

If we, or someone else, makes a report to the Department of Social Services / Child Protective Services regarding the safety of your child / adolescent, this agreement allows us to provide records and verbal information regarding our knowledge of your child's / adolescent's welfare without your consent, but only to the extent needed to ensure the safety of the individual.

## ***Confidentiality:***

We take very seriously our responsibility to adhere to strict ethical guidelines for the psychology / counseling professions. First, our work together will never involve sexual, business, or any other dual relationships that could impair our objectivity, clinical judgment, or therapeutic effectiveness, or could be exploitative in nature. We will also disclose to you any relationships that we discover we may have with persons that you know or are related to, and we will inform you of any other potential conflicts of interest, in order to protect your, and your child's / adolescent's, confidentiality.

In terms of sharing information with you, regarding what is discussed in therapy or evaluation sessions with your child/adolescent, it is our policy to provide parents with information that will allow the client to make progress in our therapeutic work. Again, it is critical that you understand that the therapeutic relationship between the child/adolescent and their provider has to involve trust, and we have to protect that confidence. Before sharing any information with parents, we typically discuss with the child/adolescent what we need or want to share, and we agree upon how we will do that (of course, depending on the age and cognitive capability of the child). We also inform the child/adolescent that if we feel that what s/he tells us involves a high risk of harm to him/herself or someone else, we are required by law to notify you of our concerns, and possibly even report that information to an appropriate agency, including law enforcement if needed.

In terms of privacy laws regarding communication, most information shared between a patient and a psychologist or therapist is protected by law, and we can only release information about our work to others with your written permission. We do have to remind you that your child / adolescent is the client, because that's whose insurance plan we bill, but since you are the legal guardian, your privacy is also included in our policies. There are, however, a few exceptions to the limits of confidentiality (*please see also the **Notice of Privacy Practices** for more information regarding HIPAA compliance*):

- ◆ In some legal proceedings involving child custody and those in which your child's / adolescent's emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.
- ◆ There are some situations in which psychologists and counselors are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child or disabled person is being abused, we must file a report with the appropriate state agency.
- ◆ If we believe that a patient is threatening serious bodily harm to another person, we are required to take protective actions. Those actions may include notifying the potential victim, contacting law enforcement, or seeking hospitalization for the patient. Likewise, if the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If such a situation occurs in the course of our therapeutic relationship, we will make every effort to fully discuss it with you before taking any action.
- ◆ We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The consultant is also legally bound to keep the information confidential. We typically don't disclose those consultations unless we feel that it is important to our work together; the consult is intended only to improve our ability to support your family member's progress.
- ◆ Confidentiality requirements do not extend to disability evaluations and the information or documentation produced to address those questions. While the results of such evaluation may or may not be helpful to you or your child/adolescent personally, the goal of that type of evaluation is to provide information about how your child/adolescent is functioning psychologically, to the individual or agency requesting the evaluation. In most cases, the evaluation is intended for use in some type of a legal proceeding. As such, the confidentiality of the evaluation and the results is determined by the rules of that legal system. If your attorney has requested the disability evaluation, s/he will receive a copy of our report / summary and will control how it is to be used and who has access to it. If someone other than your attorney requested the evaluation, that individual or agency is our client and they have complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because disability evaluations are typically requested by another party, and are not for the purpose of treatment or counseling, the confidentiality of that



information may have fewer legal protections. We will not release the information unless instructed to do so by the person or entity that hired us, or when we are legally required to do so.

- ◆ Your child's / adolescent's health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to the insurance carrier, depending on the queries that they pose to our practice. Typically, the information requested includes treating diagnoses, dates and length of our sessions, and what services were provided (e.g., family therapy, individual therapy, play therapy, evaluation services). Sometimes treatment summaries or notes about progress toward goals are also requested, as during a monitoring or audit review by an insurance company. Otherwise however, unless explicitly authorized by you, treatment information will not be disclosed to the insurance carrier. While those companies claim to keep this information confidential, we have no control over the information once it leaves our office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, and potential future eligibility to obtain some types of health or life insurance.

### ***Rights:***

In summary, our goal is to serve you and your family in the most helpful ways possible. We expect you and your child/adolescent to be open, honest, and willing to share concerns. We also want you and your child/adolescent to ask questions if either of you do not understand something we have said.

***You and your child/adolescent certainly have rights as well: the right to quality service and to understand his/her treatment, our conceptualization of the issues, and our approach to the problems, regardless of age or degree of mental health issues or developmental disabilities. You and your child/adolescent alternately have a right to refuse treatment.*** If you disagree with our recommendations for treatment, we will discuss your concerns. We will advise you of other approaches we are aware of and our clinical impressions about what might happen without treatment.

**Your signature on the separate Acknowledgment of Notifications page indicates that you have read the information outlined in this document, and that you agree to abide by its terms during our professional relationship. We encourage you to keep a copy of this Informed Consent document. Your child/adolescent is also entitled to read and ask questions about these guidelines for our psychology / counseling practice.**

**We look forward to working with you and your family, and appreciate your trust in our potential to help your child / adolescent.**