

Sarah Matheson, M.A., M.A.
9590 E. Ironwood Square Drive, Suite 210
Scottsdale, AZ 85258
602-952-0680

PSYCHOTHERAPIST-TREATMENT CONSENT FORM

Expectations, Benefits, and Emotional Risks: The majority of individuals and families that obtain behavioral health services benefit from the process in some way. While the therapeutic process is generally quite useful, some risks do exist. As counseling begins, please understand that some experience unwanted feelings, and that examining issues may produce unhappiness, anger, guilt, or frustration or other, sometimes difficult, emotions. Important personal decisions are often the outcome of counseling. These are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member may be viewed as negative by another. Don't hesitate to discuss treatment goals, procedures, or your impression of these services that are being offered by Sarah Matheson. The purpose of the first couple of meetings is to give you an opportunity to identify and discuss the problems at hand and to provide background information about yourself so that you therapist can understand your concerns and begin to develop a treatment plan. Individual sessions are 50 minutes long, sometimes it is advisable to schedule longer sessions particularly for marital or family therapy or for experiential techniques such as EMDR (Eye Movement Desensitization and Reprocessing).

Missed or Forgotten Appointments: Coming regularly and on time is an indication of your commitment to the therapy. Once an appointment is made, that time is set aside for your use. Late cancellation frequently precludes making the appointment available to another client. **If you are unable to keep an appointment, kindly give 24 hours notice, otherwise a charge will be made for the time reserved.** Please note that this policy is not meant to penalize you but as a way to maintain quality in the therapists work by not overbooking clients. Additionally, it is meant to encourage the client to come in when experiencing uncomfortable feelings. Please keep in mind that insurance companies do not reimburse policyholders for missed or late canceled appointments. If a transportation problem develops please consider a telephone consultation in the place of a face-to-face session in order to make use of the time reserved. Please call 602-952-0680 if you need to change your appointment time.

Payment and Fees: Payment is expected in full for each session at the time of each visit. This office accepts cash, check, and Visa or MasterCard.

Confidentiality: The law protects the privacy of all communications between a patient and a psychotherapist. In most situations information about your treatment can only be released if you sign a written authorization form that meets certain legal requirements imposed by HIPPA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- In order to provide you with quality treatment, your case may be discussed with other health or mental health professionals. During a consultation, every effort will be made to avoid revealing the identity of the client. The other professionals are also legally bound to keep the information confidential. All consultations will be noted in your clinical record.
- You should be aware that this practice is in with other medical professionals and administrative staff. In most cases, some protected information will be shared with them for matters such as scheduling and quality assurance. All staff members have been given training regarding protecting the privacy of the clients.

There are some situations where this office is permitted or required to disclose information without either your consent or authorization.

- If a client threatens to harm himself, or herself, in anyway, the contact of a family member or others who can provide protection may be need. Also, use of emergency services or hospitalization may be sought.
- If the client is involved in court proceeding and a request is made for information concerning the professional services sought from Sarah Matheson, such information is protected by the psychotherapist-patient privilege. No information can be provided without you or your legal representative's written authorization, or a court order. Any client who is involved in, or contemplating litigation, should consult with their attorney to determine whether a court order is likely to be sought to order Sarah Matheson to disclose information.
- If a government agency is requesting the information for health oversight activities, it may be required that Sarah Matheson provides that information.
- If a client files a complaint or lawsuit against Sarah Matheson, she may disclose relevant information regarding that patient in order to defend herself.

There are some situations in which Sarah Matheson is legally obligated to take action which she believes is necessary in an attempt to protect others from harm and this may involve revealing some information about a patient's treatment.

- If there is reason to believe that a child under 18 has been the victim of injury, sexual abuse, neglect or deprivation of necessary medical treatment, or elder abuse, the law requires that a report be filed with the appropriate government agency, usually the Office of Child Protective Services and the local police department. Once such a report is filed, additional information may be required.

- If a client communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim, and it is believed that the client has the intent and ability to carry out such threat, the law requires that protective actions be taken that may involve notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If such a situation arises, every effort will be made to fully discuss the situation with the client prior to taking action and the disclosure will be limited to what is necessary.

Professional Records: You should be aware that, pursuant to HIPPA, your protected health information will be kept in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy a description of the ways in which your problem impacts your life, your diagnosis, treatment goals, your progress made towards your treatment goals, your medical and social history, your treatment history, and any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to the insurance carrier. Except in unusual circumstances that involve danger to yourself and others or where information has been supplied by others confidentially, you may examine and/or receive a copy of your Clinical Record, if the request is made in writing. Because these are professional records, they can be misinterpreted and/or upsetting to the untrained reader. For this reason, it is recommended that you review them in the presence of the treatment provider, or have them forwarded to another mental health professional so you can discuss the contents. There may be a copying fee to cover costs. The exceptions to this policy are contained in the attached Notice Form. If your request for access to your records is refused, you have a right of review, which will be discussed upon your request.

In addition, a set of psychotherapy notes will also be maintained. These notes are for the use of the psychotherapist and are designed to assist in providing the client with the best treatment. While the contents of the psychotherapy notes vary from client to client, they can include the contents of conversations, analysis of conversations, subjective impressions, and how this might impact your therapy. They also may contain particularly sensitive information that may be revealed during therapy that is not included in your Clinical Record. These psychotherapy notes are kept separately from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your psychotherapy notes without your written, signed authorization. Insurance companies cannot require this authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and /or receive a copy of your psychotherapy notes unless we determine that such access is clinically contraindicated.

Patient Rights: HIPPA provided you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that we amend your record (must be made in writing); requesting restrictions of what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints that you may have about policies and procedures recorded in your record; and the right to a paper copy of this Agreement, the attached Notice form, and the privacy policies and procedures. Sarah Matheson will be happy to discuss any of these rights with you.

Minors and Parents: Adolescents are seen only if they are coming to therapy voluntarily. Since counseling can succeed only in a trusting climate, parents are encouraged to respect their child's right to privacy and confidentiality. Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their adolescent's treatment records. In order to create a therapeutic environment for the minor, the parents may be asked to consent to give up their rights to access their adolescent's records. Parents will be given general information about the progress of the adolescent's treatment, and his/her attendance at scheduled sessions. A summary of treatment will be provided at the conclusion of treatment. Any other communications will require the adolescent's authorization, unless it is felt that the adolescent is a danger to self or others, in which case, the parent or guardian will be notified of the concern. Before giving parents any information, that matter will be discussed with the adolescent, if possible, and the best effort will be made to handle any objections the child may have.

Insurance Reimbursement: This office will be providing a receipt reflecting services rendered and payment at the time of each visit. The receipt has all the information necessary to file an insurance claim and also serves as your own record. The client is responsible to bill their insurance company for direct reimbursement. Please ask for assistance with forms if needed. It is the responsibility of the client to collect the receipt of charges and payment to send in to your insurance company directly. Insurance assignment is involved only upon predetermined benefits verification. The patient is responsible for deductibles, co-payments, co-insurance amounts, and non-covered ineligible, or non-authorized services.

Emergencies: In the event that a crisis or an emergency occurs and Sarah Matheson is not available, contact a crisis intervention service, your primary care physician, call 911, or go to the nearest emergency room.

I understand and agree to all the above information. My signature indicates that I have read the above information.

Signature _____ Date _____ -
 Printed Name _____ -