

INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES

The following information is designed to help you make an "informed consent" regarding psychotherapy. You have a right to know the benefits and risks of treatment as well as the policies that guide my practice.

Credentials: I am a Licensed Clinical Social Worker (LCSW), licensed to practice psychotherapy in the State of California. I practice from a Cognitive-Behavioral theoretical orientation, using a variety of interventions from evidence-based, solution-focused, mindfulness and acceptance practices.

The Therapeutic Process: Psychotherapy is a process we agree to enter into because we believe that a positive outcome will occur. We will identify goals that will guide our work together. Please note that sometimes clients experience feelings of depression, discouragement, and anger in therapy as we learn more about your life's experience. These feelings are not unusual and may be an indication that therapy is effective.

Confidentiality: All information shared in psychotherapy sessions is privileged and protected under laws of client confidentiality except the following information:

- If you are suicidal, homicidal, or gravely disabled
- If you have direct knowledge of or have participated in child abuse, elder abuse, or domestic violence
- If your records are subpoenaed as a result of litigation
- If your records or treatment information is required by your insurance carrier

Initial

When it is in your best interest for me to share information regarding your treatment with a third party, I will ask you to sign an "authorization for the release of information".

Appointments: Appointments will be 50 minutes in duration. This time includes business items we may need to discuss. Appointments are time I hold for you alone.

Phone or Skype Consultations: I will charge for phone consultations or phone therapy using your standard hourly fee. Phone charges will be made for any conversation over 10 minutes in length. Charges will be made in increments of 15 minutes. The fee for phone or Skype consultations or therapy is due at the time of the next session.

Initial

Cancelled or Missed Appointments: Appointment changes are discouraged except as emergency. The continuity and effectiveness of our work together is related to consistent sessions. However, from time to time you may need to change an appointment. I will charge 50% of the agreed upon fee for missed appointments or appointments *cancelled with less than 24 hours notice*. In the event of illnesses or emergencies that occur under the 24-hour time frame, I will attempt whenever possible to offer you another appointment within a week time frame. If you elect not to accept a "make-up" appointment, there will be a automatic charge for the missed appointment to a credit card on file.

Initial

Psychotherapy Fees: My professional fee for a 50-minute session is due and payable at the time of service. I accept cash, personal checks, credit card, and some insurances (i.e. I am an "in-network" provider for Aetna PPO, Blue Shield PPO, & MultiPlan PPO; I am "out-of-network" for Cigna & Blue Cross PPO's). If I bill your insurance, I will bill for services consistent with contractual agreements between your employer and the managed care provider. You will be responsible for your co-

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payments and for missed appointments or cancellations as managed care companies will not pay for them. For non-managed care insurance benefits, I will provide you with a receipt for payment which you may submit to your insurance company for reimbursement. You will be charged our agreed upon hourly fee when it is necessary to complete reports or other correspondence.

There will be a \$25 charge for each personal check that is returned because of insufficient funds. When there are repeated problems with checks not clearing, I reserve the right to ask for cash payments. For account imbalances over 4 weeks in amounts overdue there will be a monthly interest charge assessed until the balance is paid off. If temporary financial difficulties arise, please discuss this with me so I may assist you in managing your account.

My Availability: Currently I schedule appointments Mondays through Fridays (9AM-8PM), and Saturday morning, 9am - 12pm. I check my e-mail frequently on a daily basis. I check my voicemail Monday through Friday between the hours of 9am and 7pm. I make every attempt to return e-mails & calls at my earliest opportunity given my scheduled appointments. *If you have a life threatening emergency call 911 for immediate assistance.*

Communication Outside of Normal Business Hours: (Phone, e-mail, social media):

I check my e-mail frequently on a daily basis--this is the best/fastest way to reach me. To protect your confidentiality, I generally limit my communication with you via e-mail to *appointment reminders & scheduling issues*. However, if you (the client) want to use e-mail to share information/thoughts/feelings via e-mail, I am happy to respond in kind with support/answers. To maintain your confidentiality, I **do not** accept Facebook, LinkedIn, or any other social media invitations.

Initial

Termination of Therapy: Either you (the client) or I (the therapist) may terminate treatment at any time it is deemed appropriate. However, a mutually agreed upon termination upon completion of goals is clinically ideal and in the best interest of our therapeutic relationship.

CONSENT FOR TREATMENT

I authorize and consent to treatment for myself (or my minor child for whom I am legal guardian). I certify by my signature that I have read, understood and agree to all the terms and conditions herein described. I accept financial responsibility for sessions and will pay as agreed.

The agreed upon fee for each psychotherapy session is _____. This fee may be periodically reviewed based on changes in your circumstances.

Signature of Client/Parent/Guardian

Date

Signature of Client (if a minor)

Date

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