

## 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 ranging from evidence-based, solution-focused, relational, as well as mindfulness and acceptance practices. I also use EMDR for appropriate situations/clients.

**The Therapeutic Process:** Psychotherapy is a process we agree to enter 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 and experiences. 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:

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- 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

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

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I am currently only offering virtual appointments. I offer video sessions via a HIPAA compliant platform (doxy.me). If for any reason you are unable to access this video platform or choose to have session via an alternative method such as Zoom, FaceTime, Skype, or phone call, I will ask that you sign a separate form stating that you understand the risks to confidentiality.

Currently I schedule appointments Monday through Friday, 10am to 3pm. My current availability can vary week to week. If my availability permits, I can sometimes offer a morning appointment on weekends.

Erin Garriott, LCSW  
California License Number 24703  
23151 Verdugo Drive, Suite 200  
Laguna Hills, CA 92653  
Ph: (949) 535-1056  
Fx: (949) 535-1075

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**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 an automatic charge for the missed appointment to a credit card on file.

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**Psychotherapy Fees:** My professional fee for a 60-minute session is \$150.00 and is due and payable at the time of service. I accept some insurances. I am an "in-network" provider for Aetna PPO, and Blue Shield PPO and HMO; 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-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.

I accept credit card payments via a HIPAA compliant platform.

If you prefer Venmo, you understand that although my account is set to "private" and transactions cannot be viewed by the public, that breeches in confidential information are possible and that you accept the potential risks.

If temporary financial difficulties arise, please discuss this with me so I may assist you in managing your account.

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**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.

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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.

**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.

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**NOTICE TO CLIENTS – GRIEVANCE PROCEDURE**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Licensed Clinical Social Workers. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

**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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