



The Multicultural Therapy Center
12821 Newport Ave., Tustin, CA 92780
www.TheMulticulturalTherapyCenter.com
www.lifebeyonduyourlimits.com
714.803.4866 maryanne_duan@yahoo.com

Informed Consent

This document contains information about my services and business policy. Please read carefully and note any questions and concerns you have, so we can discuss them in the next session. When you are done, please sign at the bottom where indicated to complete your Informed Consent to my services.

WHAT DO YOU NEED TO KNOW ABOUT PSYCHOTHERAPY?

Psychotherapy is voluntary on your side and works within a therapeutic relationship between the client and the therapist. Its effectiveness is based in part on clearly defined rights and responsibilities held by each person. There are both risks and benefits involved in psychotherapy. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, fear, anger, frustration, loneliness and helplessness, because psychotherapy often involves discussing the unpleasant aspects of your life. Even though psychotherapy is not 100% effective in treating all symptoms, for those who undertake the process, it has been shown to produce significant reduction in feelings of distress and increased satisfaction in interpersonal relationships, better stress management and problem-solving skills, improved self-awareness and understanding, and greater sense of well-being. Keep in mind that psychotherapy is a long-term process, and there are no guarantees about what will happen, and you should not expect your problems to be solved on the first day. Psychotherapy is about equipping you with lifelong solutions, rather than a quick fix. Psychotherapy is a very individualized process that may not work for everyone, and the outcome varies depending on numerous factors. In some cases, symptoms may get worse initially. In order for psychotherapy to be successful, you are required to bring in your willingness to change, and effort to work on things discussed outside of sessions.

WHAT TO EXPECT IN PSYCHOTHERAPY?

During the initial consultation session, we will spend time to get to know each other, and to find out how to proceed. Future sessions will be more therapeutic in nature. During the first session, I will ask you about what brings you to therapy, and what symptoms you are experiencing, current and/or past medications and treatment, your history that may include your childhood, education, relationships, and your present living situation and your career. You may discuss what

you expect to happen in the end. You will have time to ask any questions you have regarding your treatment, your rights, confidentiality, and your responsibilities.

The subsequent two to four sessions involve a comprehensive evaluation of your therapy needs. The evaluation will enable us to offer you preliminary impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. If you have questions about my procedures, we should discuss them whenever they arise. If you feel that you are not comfortable working with me, you have the right to terminate therapy at any time. Both parties can terminate treatment when treatment is no longer beneficial to the client.

OTHER TREATMENT OPTIONS

You may explore fully other options for treatment of your symptoms. They can be independent or concurrent with your psychotherapy treatments. Some of the alternative options include Biofeedback, medication, alternative medicine, and moving to a different environment.

As a client in psychotherapy you have certain rights and responsibilities. There are also legal limitations to those rights that you should be aware of. On the other hand, as your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

CONFIDENTIALITY

The information discussed in therapy sessions, and all documentation will be kept private and confidential with a few important exceptions listed below. I will always inform you first before I take actions.

1. If I have good reason and enough evidence to believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or a crisis team.
2. If I have good reason and enough evidence to believe that you will harm another person, I am obligated to inform that person and warn them of your intentions. I must also contact the police to protect the other person.
3. If I have good reason and enough evidence to believe that you or someone is abusing or neglecting a child, an elder adult, or a disabled adult, I am mandated to inform Child Protective Services or Adult Protective Services within 48 hours.
4. If there is a court order for me to appear, or to produce a client's charts, I am legally bound to do so.
5. If you authorize your insurance plan to be used for psychotherapy services, some information may be shared for billing purposes and for evaluation to justify services and billing (e.g. diagnoses, time and frequency of treatment, prognosis, and outcome).

OTHER PRIVACY AND CONFIDENTIALITY ISSUES

Parents & Children: While privacy in therapy is crucial to successful progress, parental involvement can also be essential. Children need to know that their parents have a *right* to know what goes on in therapy. On the other hand, children need to trust the therapist in order for therapy to work. It is very important for a child to feel and know what he or she says in sessions will be kept private. Rather than reporting back *what* is said, I may discuss *how* things are going.

Couples & Families: I encourage you to share any thoughts or feelings directly in our group sessions rather than privately with me. I do not hold secrets for any member in the family or couple's therapy. If you tell me anything that you want to keep as secret, I will first encourage you to share with the others before I make the disclosure.

Groups: As with individual therapy, I will hold confidential anything disclosed in groups. Group members are asked to agree not to share things with individuals outside the group. However, I have no control of the actions of the group members.

HOSPITALIZATION

In case of psychiatric or medical emergency, when the life and health of yours and others are at risk, I will initiate prompt and the most appropriate procedure to ensure your safety or the safety of others. In a medical emergency when your health or life is in danger, an ambulance might be called to transport you to the nearest hospital Emergency. In a psychiatric emergency when you are at risk of harming yourself or others, a crisis intervention professional might be called to assess you and initiate a 72-hour psychiatric hold for a psychiatrist to determine further treatment.

CRISIS SESSIONS

If you are experiencing a crisis situation and need to come in to see me or talk to me on the phone, I will do my best to accommodate you. However, please keep in mind that I may have prior commitments that might prevent me from availing myself to you right away. **IN CASE OF A LIFE THREATENING EMERGENCY, PLEASE CALL 911!**

MISSED APPOINTMENTS

Appointments are 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a **24-hour notice**. If you miss your appointment without 24-hour cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control), you will be asked to pay for the full session fee. It is important to note that insurance companies do not provide reimbursement for missed sessions; thus, you will be entirely responsible for the session fee.

LATE APPOINTMENTS

You are responsible for coming to your session on time; if you are late, your appointment will still end on time so that I can guarantee the scheduled appointment for the next person.

PROFESSIONAL FEES

Session fees: The standard fee for the initial intake is \$180.00, and each subsequent session is \$150.00. Payments are made at the time of your sessions unless prior arrangements have been made. Payment can be made by check or cash only as I am not able to process credit card charges as payment. There will be a \$25 charge for a returned check. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, I may charge you fees for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Charges for phone conversations longer than 15 minutes: the initial 15 minutes are prorated at \$30, and \$2 for any minutes thereafter.

Charges for court appearance: Counseling or therapy **DOES NOT** include the therapist becoming involved in litigation during or after treatment. In situations where preparation for litigation is the stated reason for seeking my services, I may not be able to assist you directly and may have to refer you out. If you know or anticipate that you may need mental health expertise due to planned or expected litigation, please advise me during intake. If, for any reason, you involve me in any legal matters (this includes but is not limited to: Courtroom testimony, consultations with an attorney, letter or report writing, travel and preparation) during or after treatment has ended, the fee for services rendered will be \$600 for half day up to four hours, and \$1200 for a full day up to eight hours. Any time after eight hours is billed at \$225 per hour. The time calculated includes transportation to and from court or appointed location.

Other services: fees are based on \$150 per hour rate, including any travel time. If I have to travel more than 50 miles round trip, an additional \$25 will be charged for every 50-mile increment.

INSURANCE

If you have coverage for mental health treatment through your health insurance policy, it is your responsibility to know your coverage and limitations. It is also your responsibility to contact your insurance before coming to therapy and find out your obligation toward deductibles and copayment.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. Records usually include information about the time of your sessions, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. You have the right to a copy of your file. Because these are professional records, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents to avoid misinterpretation and misunderstanding. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONTACTING ME

I do not answer my phone when I am with clients or otherwise unavailable. If your call does not involve matters of emergency, you may leave a message on my confidential voice mail, and your call will be returned as soon as possible within the next 24 hours. Emergency is defined as situations in which you are at risk of harming self or others, or there is a threat to yours and others' lives. If, for any reason, you feel you cannot wait for a return call, or if you are unable to keep yourself safe, you may immediately do any or all the following:

1. Call 911 or your local Police Office
2. Go to the nearest hospital Emergency
3. Call the Orange Country Crisis Assessment Team at 866-830-6011

I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. If you have not been informed of any planned absences in advance, and you are not able to reach me for over two weeks, you may assume that something may have happened beyond my control. In this case, you may contact the following person whom I have granted authority and permission to discuss your case with you.

Dr. Pamela Reeves

12821 Newport Ave., Tustin CA 92780

714.913.7475

contact@themulticulturaltherapycenter.com

MY OFFICE HOURS

Tuesdays – Fri 8 am – 7 pm

Saturdays: 9 am – 12 Noon

YOUR RIGHTS

Right to best care and treatment: You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.

Right to knowledge of your treatment: You have the right to ask questions about any aspects of therapy and about my specific training and experience.

Right to your records: You have the right to have a copy of your records. You can also request, in writing, to have your records transferred to other health care providers.

Right to seek second opinion: You may consult other psychologists or therapist if you have any doubt about my treatment interventions.

Right to terminate treatment without negative repercussion.

Right to file a complaint to the Board of Behavioral Science (BBS)

http://www.bbs.ca.gov/consumer/file_complaint.shtml

Right to professional conduct: You have the right to expect that I will not have social or sexual relationships with current or former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read and understand the above information, and agree to the terms.

Signature of Patient or Legal Guardian

Date _____

Printed Name of Patient or Legal Guardian

Description of legal guardian’s Authority:_____