



## **INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES**

Welcome to my practice. This document outlines important information about my professional services and business policies. Please take time to read this form carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us. I will make a copy of this document for you at your request.

About Therapy: Participating in therapy can result in a number of benefits to your child and family, including a better understanding of your personal goals and values, resolution of the specific concerns that led you to seek therapy, and improved interpersonal relationships. Working towards these benefits requires very active involvement, honesty, and openness. Many families find that change can be made quickly and sustainably once everyone is on the same page, involved in the process, and motivated.

Remembering and resolving unpleasant events through therapy can bring on considerable discomfort or strong feelings of anger, sadness, anxiety, worry, depression, fear, etc. Change can sometimes be easy and swift but often it may feel slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. If you are unhappy with what is happening in therapy, I encourage you to talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. When working with children and adolescents, I also check in with them in developmentally-appropriate ways and respond to their feedback.

Your Rights in Therapy: It is your right request that I refer you to another therapist and you are free to end therapy at any time. 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. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You also have the right to ask about other possible treatments. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

Services: I offer psychotherapy for individual children and adolescents, families, and groups. I also offer psychoeducational and psychodiagnostic assessment for young adults, adolescents, and children. Both therapy and assessment involve a large commitment of time, money, and energy, and finding the right provider is vital. If you or I believe I cannot be helpful to you, I would be happy to provide you with referrals for



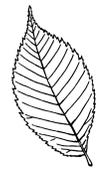
other therapists or examiners who may have more expertise regarding your particular concerns.

Process of Therapy: During the first few sessions, I will gather information about your reason for seeking therapy and will make a determination about whether my services can be of benefit to you. If we move forward with treatment, we will collaboratively discuss the proposed treatment plan, therapeutic objectives, and potential outcomes of the therapy. Individual therapy sessions are typically 50 minutes and are scheduled for a regular day and time on an ongoing weekly basis, although longer or more frequent sessions may be arranged. Family sessions are generally 80 minutes long, and group sessions vary depending on the topic and structure of the group. If you have questions about any of the procedures used in the course of therapy or about the treatment plan in general, please ask me. The duration of treatment will vary on a case-by-case basis, depending on your concerns and the goals we set together.

Process of Assessment: I first conduct a brief phone consultation to determine whether my services can be beneficial. If we move forward with the evaluation, the structure of the assessment will vary depending on your concerns and questions. For instance, in the case of a psychoeducational assessment, there will be one or two 50-min phone or in-person clinical and developmental interview(s), followed by approximately two 3-hour in-person testing sessions for the administration of various psychological measures. Therapeutic assessments tend to be much more flexible and involve an ongoing process including selection of measures based on results of initial assessment and process. They generally involve one or two initial sessions to develop a plan and questions for the assessment, two or three testing sessions, a clinical intervention session, and one or two feedback sessions. You will also have the opportunity to return about a month afterward to consolidate the information we discovered throughout the assessment process.

Since this process involves reading and listening, please bring any assistive devices, such as eyeglasses and hearing aids, with you to the evaluation. With your consent, the assessment may include school observation, telephone or in-person collateral contact with individuals who may have pertinent information, and a review of relevant documents. After all necessary information has been obtained I will provide you with a written report and/or letter summarizing the findings and appropriate recommendations. In general, you can expect the entire assessment process, from the intake interview to completed report, to take between 2 and 8 weeks, depending again on the type of assessment.

Fees: Individual services are \$140 for each 50-minute therapy session, unless we have



agreed otherwise. Family therapy services are \$200 for each 80- minute session, unless we have agreed otherwise. Assessment services are \$175 per hour for up to 40 hours of testing, scoring, report writing, review of records, collateral contact, site visits, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. Any services beyond the 40 hours during the course of the assessment will be charged at a rate of \$200 per hour. Payment plans for assessments can be arranged as needed, but the total balance must be paid at the time of feedback and results sessions.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour or partial hour for preparation (e.g., treatment summaries, consultation, travel, etc.) and attendance at any legal proceeding. For other administrative tasks related to your treatment (e.g., letters, treatment summaries, copy or transfer of therapy notes to you or a specified third party, extensive phone or email correspondence with you or a third party, etc.), I may charge an \$80 hourly out-of-pocket fee. My fees increase every two years and I will remind you of this increase as soon as feasible.

Confidentiality: All information disclosed during therapy sessions or assessments, along with the written records pertaining to those sessions, is confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. As a psychologist, I am a mandated reporter, meaning I am legally and ethically required to report certain information to appropriate authorities in order to ensure the safety of clients and the public.

When Disclosure Is Required By Law: Disclosure is required when there is a reasonable suspicion of child, dependent, or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

Emergencies: If there is an emergency during or following our work together, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on your General Information form as an emergency contact.

When Disclosure May Be Required: Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain therapy or assessment records and/or



my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court. In couples or family therapy, confidentiality and privilege do not apply between the members of the relationship unless otherwise agreed upon.

Other Releases of Information: Upon your request and with your written consent, I may release limited information to any person/agency you specify. For instance, you may choose to ask me to share information with your child's IEP team or primary care physician, or you may need to share information with a third party for purposes of evaluation or custody. In these cases, I will release only the information you have indicated on your written release form.

I will release the information you request, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request. I may never deny your request to release information to a mental health professional for coordination of services. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

Minors: Clients under 18 years of age should be aware that the law may grant parents the right to examine treatment records. When working with adolescents who are mature enough to participate meaningfully in treatment, is my policy to request an agreement from parents stating that I will provide parents only general information about our work together, unless I feel there is a high risk that the client will seriously harm themselves or someone else. In this case, I will notify parents of information directly related to my concerns. I also provide parents of adolescent clients with a summary of treatment when it is complete. Before giving any information about treatment, I will always discuss the matter with the adolescent client, if possible, and do my best to handle any objections and concerns.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance.

Consultation: I consult regularly with other professionals regarding my clients in order to



provide you with the best possible service. Names or other identifying information are never mentioned, your identity remains completely anonymous, and your confidentiality will be fully maintained. If I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

Email, Voicemail, & Fax Communications: Email and voicemail communications can be accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Faxes can be sent erroneously to the wrong address. Emails, in particular are vulnerable to unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. My emails are not encrypted, however my computer is encrypted and equipped with a firewall, virus protection, and a password. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. If you communicate confidential or highly private information via email, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted.

Records & Your Right to Review Them: Both the law and the standards of my profession require that I keep appropriate treatment records. Unless otherwise agreed to, I retain clinical records only as long as is mandated by California law. For adults, this is seven years following termination of treatment; for children, this is generally until the client turns 25 (seven years after they turn 18). If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful to you.

Emails, Phone Calls, and Emergencies: You are welcome to email me at [mbenedict.montgomery@gmail.com](mailto:mbenedict.montgomery@gmail.com). I generally receive and return emails within 24 hours during the business week. If you need to contact me between sessions about a clinical matter, please text or leave a voicemail message for me at 510-859-7628. I check messages multiple times each day unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know who will be covering for me if I plan not to take or respond to phone messages during my absence. If an emergency situation arises, please indicate it clearly in your message and I will attempt to get back to you as soon as possible. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency



psychiatric service, call Psychiatric Emergency Services at 415-473-6666, or dial 911.

Cancellations and Lateness: Since the scheduling of appointments involves the reservation of time specifically for you, a minimum of 48 hours notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. If you are running late for your appointment, please phone or email me to let me know as soon as you can. We will still end at our regular time so that I have time to prepare for my next appointment. If you are ill or unable to meet in person, we may still be able to meet via telephone or Skype if you prefer.

Payments and Insurance: I accept cash, check, and credit card payments at the time of services. I do not currently accept insurance, however I am happy to provide you with a monthly statement (“superbill”) for services to submit to your insurance provider. This monthly statement can also serve as your receipt for tax or other purposes. If you have outpatient mental health coverage, some or all of your fees may be covered by your health insurance. Be aware that some insurance companies do not reimburse all conditions that may be the focus of psychotherapy or assessment. It is your responsibility to verify the specifics of your coverage. Fees you pay for psychological services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality.

Late Fees: A grace period will be allowed with no late fee if payment is received within one business week (e.g., by the next session). After that, there will be a \$30 charge for late payments each week until payment is made. This late fee applies to both therapy and assessment payments. I expect you to remember to bring or send your payment and do not regularly send reminder emails.

Balances: I do not permit therapy clients to carry a balance of more than two sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments. Outstanding balances may be sent to a collection agency or taken to small claims court but it is my policy to first to attempt to find a solution with you.

Fee Reduction: I offer two lower fee slots, based upon income and circumstances, for clients who are experiencing serious life transitions, significant income loss, or other significant impairments. If my fee is a concern, please discuss it with me. If I am unable to accommodate your financial situation, I will provide you with referrals.



Termination/Graduation: If at any point during therapy or an assessment you or I believe that I am not effective in helping you reach the goals, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I can also talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist or examiner, I can assist you in finding someone qualified and, if I have your written consent, I can provide that professional with the information essential for your treatment. You have the right to terminate therapy at any time.

Complaints: If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Psychology, which oversees licensing, and they will review the services I have provided:

*Board of Psychology*  
1422 Howe Avenue, Suite 22  
Sacramento, CA 95825  
(866) 503-3221 [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)

**I have read the Informed Consent for Psychological Services carefully. I understand and agree to comply with the policies outlined above:**

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| Client Name (print) | Client Signature | Date |
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| Client Name (print) | Client Signature | Date |
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| Parent/Guardian Name (print) | Parent/Guardian Signature | Date |
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| Maggie Benedict-Montgomery, Ph.D. | Signature | Date |
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