

**Alisa L. Dennis, Ph.D. PSYC 19671**

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## **Informed Consent and Office Policies**

Welcome to my office! This informed consent is presented to you in addition to the notice of privacy practices that you have received. This agreement authorizes you and me, Alisa Dennis, PhD, to enter into a psychotherapeutic relationship.

**CONFIDENTIALITY:** The information disclosed by you in psychotherapy (including your client records) is generally confidential and will not be released to any third party without your written authorization, except when required or permitted by law.

**EXCEPTIONS:** Exceptions to confidentiality, include, but are not limited to, reporting child, elder, and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another. Disclosure may also be required if you are involved in a legal proceeding initiated by you or filed against you. If you place your mental status at issue in litigation, the other party may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy, confidentiality and privilege do not apply between the couple or among family members, since I have a no secrets policy. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of my profession require that I keep treatment records for at least 7-years. Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by California State law. 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 in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

As mentioned above, when more than one client is involved in treatment, I will release records only with signed authorizations from all the adults who can legally authorize a release.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** To protect your confidentiality, my laptop is equipped with a firewall, a virus protection, and a password, and I back up all confidential information from my computer on a regular basis onto an encrypted hard-drive. It is very important to be aware that computers, unencrypted e-mail and text communication can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication due to the fact that servers or communication companies may have unlimited and direct access to all e-mails and texts that go through them. While data on my laptop is encrypted, e-mails and text messages are

not. It is always a possibility that texts, email, and faxes can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. Please notify me in writing if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, and phone messages. If you communicate confidential or private information via unencrypted e-mail, texts, fax, or via phone messages, 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.

**HEALTH INSURANCE EXCEPTION TO CONFIDENTIALITY:** Although I do not accept insurance, if you choose to bill your own insurance company, disclosure of confidential information will be required by your health insurance carrier in order to process the claims. If you instruct me to provide you with a statement to bill your insurance, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information once I release it.

**RISKS AND BENEFITS OF THERAPY:** The therapeutic encounter can be a life changing experience depending on numerous factors including the therapeutic match, the skill and experience of the therapist, and your willingness to fully participate in the process. Coming to appointments regularly also enhances the therapeutic process. Some of the benefits include a greater self -understanding, an increased reflective capacity, improved relationships with loved ones, and an enhanced sense of well-being. Sometimes therapy results in changes that you might not have expected or anticipated, such as a change of job, or relationship changes. You and some of the people in your life may find this a positive change, and others may not. Because therapy involves talking about past and present struggles and experiences, there are times when it can be a painful process. Many times, people feel worse before they begin to feel better; this is a common occurrence. However, eventually you should begin to see improvement and if not, you and your therapist will discuss other alternative treatments, or referrals to other practitioners who may help to meet your needs. There are many forms of therapy to treat common problems and another type of therapy may be better suited to meet your needs. It is important to discuss any concerns or questions you may have about your therapy with your therapist so we can decide together what would be best for you.

**SOCIAL MEDIA & TELECOMMUNICATION:** Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**ELECTRIC COMMUNICATION:** I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. Threats to confidentiality include, but are not limited to: 1) the transmission may be intercepted; 2) the transmission may be sent to the wrong recipient; and 3) the e-mail or text message may be accessed by an unauthorized person. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

**FEES:** Payment is due at the time of services. It saves time for your therapy hour to have your check made out prior to your session. Extended sessions are sometimes asked for and needed and are charged on a pro rated basis for every 10 minutes based on the agreed upon fee. Phone calls (other than standard scheduling or business calls) are also sometimes requested and needed. They are also charged at the same pro-rated rate. You will be required to pay for your phone session at your next scheduled appointment. Site visits, writing and reading of reports, consultation with other professionals, release of information, and reading records will be charged at the same rate with your prior knowledge and agreement.

**CANCELLATION POLICY:** The time that we agree to meet is set aside and saved for you. If you have to cancel for any reason (except for a true unforeseen emergency) a 24-hour notice is required to avoid being charged the full fee for your missed appointment. Sessions are typically scheduled to occur one time per week at the same time and day, if possible. Consistent attendance to therapy helps ensure the outcome you are seeking. In the event that you cannot attend your appointment, please TEXT me within 24 hours before your appointment so that I can serve someone else that has been waiting to see me. 24 hours provides me with enough time to make arrangements. If you do not notify me within 24 hours, the full session fee is due. The only exceptions to this are a medical emergency or some unforeseen event, like a family emergency or a car breaking down. THIS POLICY IS STRICTLY ADHERED TO.

**OUT OF SESSION CONTACT AND EMERGENCIES:** If you have an urgent matter that cannot wait until your next scheduled appointment, text and send an email, I will do everything I can to see you as soon as possible. If this is not feasible, we can schedule a phone session (charged at the same rate as mentioned above). Voicemail and emails are checked during normal business hours and days. If you have a true emergency, please call 9-1-1, the Los Angeles 24-hour Crisis Hotline at (800) 854-7771, or go to your nearest emergency room. I am not set up to be available for crises and emergencies.

**TERMINATION OF THERAPY:** Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment, after appropriate discussion with you, if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. You also have the right to terminate therapy at your discretion. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

I have read the above Informed Consent and Office Policies carefully. I understand them and agree to comply with them:

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Psychotherapist's Name (print)** \_\_\_Alisa Dennis\_\_\_\_\_

Signature \_\_\_\_\_

Date\_\_\_\_\_