PFP CONSULTING

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Informed Consent for Psychotherapy Services

Psychotherapy is a collaborative relationship that works, in part, because of clearly defined rights and responsibilities held by both patient and therapist. It is important to know, before commencing with psychotherapy, what your rights and responsibilities are as a consumer as well as what my rights are as a provider of psychotherapy services. It is also important to know what kind of situations may limit these rights and responsibilities. The following is designed to educate you about these issues.

Psychotherapist Responsibilities to You the Patient

CONFIDENTIALITY

Confidentiality is one of the cornerstones of effective psychotherapy treatment. One of the reason it works is that people feel safe, secure, and are confident that what they talk about in therapy stays in therapy. I will make every effort to ensure that information about your case is kept confidential. You should be aware, however, that there are certain legal and ethical requirements that specify conditions under which it may be necessary for me to discuss your case with other professionals. Such situations include:

- A. If I believe that there is a danger that you may harm yourself or others or that you are incapable of taking care of yourself.
- **B.** If I become aware of your involvement in the abuse of children, elderly, or disabled persons.
- C. If I am ordered by a court to release your records. This sometimes happens when patients are plaintiffs in lawsuits and psychological records are subpoenaed as part of that process.
- **D.** If your insurance company requests your records in order to verify the services rendered and determine compensation.
- E. As part of a supervision process I may discuss your case with another professional.

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RECORD KEEPING

I keep psychotherapy notes as a record of our work together. These notes document that you have been here, the topics that we talk about, any interventions that have been used, your response/my response to the session, and the treatment plan or other considerations that may be helpful in our work together. I maintain these records in a secure location that cannot be accessed by anyone other than me.

DIAGNOSIS

Diagnoses are technical terms that speak to your problems. These terms describe conditions, syndromes, and personality disorders that come from the Diagnostic Statistical Manual (DSM-V). Your diagnosis is really short hand for a set of behaviors, feelings, and thoughts that describe what you are struggling with. While this can helpful to give you a better understanding of what you are struggling with, many people find that it does not describe what is going on with them in a deep and rich way.

If you are looking to use your insurance to get reimbursed for your psychotherapy claims, your carrier will require that you be given a diagnosis code. This information becomes a part of your record with them. While they are generally very good about protecting your medical information, particularly with HIPPA laws in place, I cannot control or be responsible for what happens to it after they have the information.

ADDITIONAL RIGHTS

You have the right to question and refuse anything I say or do. I do not have social or sexual relationships with patients or former patients of mine. Not only would that a breach of ethical and legal guidelines, but it would potentially be an abuse of my role as a therapist in your life. In essence then once you are a patient of mine you are a patient forever. It is important, to me, to you, and the therapeutic process, that the framework of therapy be preserved. Even if you were a patient of mine in the past you might want to start up therapy again and this boundary enables that to happen.

It is important to know that psychotherapy does have risks. Trying to deal with difficult emotions, thoughts, and behaviors can be very unsettling at times. Changing your behavior, altering your beliefs, facing the realities of your life can sometimes be painful and can be disruptive to yourself and others in your life. You may find, as therapy progresses, strong feelings develop within the context of the therapeutic relationship. This is not uncommon and it is important to work through these feelings in therapy. Sometimes people feel worse before they feel better in therapy. Sometimes people feel worse and don't feel better. Should that happen, it is important to talk to me about it? It is important to consider these risks before entering into therapy with me and decide whether or not you feel the potential rewards outweigh any possible risks involved. Most people who enter therapy, find that they find it helpful to improving their lives.

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LENGTH OF PSYCHOTHERAPY

People do ask how long therapy is going to take. It is difficult to give an exact answer to this. Some people come and are in therapy a short time where other people come and may be there for a lot longer. Length of time is usually decided by the nature of your problem, what is it you want to accomplish in therapy, what you and I think is appropriate for you, and what is realistic depending on your financial situation. My hope is that you will end therapy because you feel you have reached your goals and got out of therapy what you want. There are some situations where I have the right to end therapy. I have the right to end therapy for the following reasons:

- **1.** I believe that therapy is not helping you and you would be better served a referral to another professional or a higher level of care than what I can provide.
- 2. If you are violent to, threaten either verbally or physically, or harass myself, my office, or family. I reserve the right to terminate you unilaterally and immediately from my practice.

WHEN I AM AWAY

You have the right to know that when I am away from the office for a period of time that I will have someone that will cover for me in case there is an emergency. If I am away and you are in need of help you can also go to St. Joseph's Health Hospital Comprehensive Psychiatric Emergency Program (CPEP) or call 315-448-6555.

Please know that you can ask me questions about anything at any time. I am always open to talking about the process of therapy, the rationale behind what I am doing, and discussing any appropriate alternatives to treatment. If you feel that things are not working out between us, you have the right to tell me and request a referral to another practitioner. If you have any problem with something that I have done, I would hope that you would talk to me about it so that we can resolve the issue. If this is not the case, you are always free to contact the New York State Department of Education and file a complaint.

Office of the professions Compliant hotline 1-800-442-8106 OR Email: conduct@mail.nysed.gov

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TRAINING

I received my doctoral degree in the Counselor Education and Supervision Department in 1988 from Syracuse University. I also received my master's degree in the Counseling and Guidance Department in 1984 from Syracuse University. I was an adjunct professor within the counseling department for many years teaching a variety of masters and doctoral courses. I have both received and provided clinical supervision for many years.

At the time I received my Ph.D., counselors were not licensed in the State of New York. In an effort to demonstrate and differentiate my competence I became certified as, and continue to be, a clinical mental health counselor (1991) and a nationally certified counselor in 1993 by the board of certified counselors (NBCC). I am currently board certified by them.

On January 1, 2005, after many years of legislative effort, the New York State Board for Mental Health Practitioners, through the Education Law, finally established four new mental health professions in New York State. These professions: creative arts therapy, marriage and family therapy, mental health counseling, and psychoanalysis were not regulated by the State. After going through the application process, I was granted a license to practice mental health counseling in the State of New York on January 4, 2006.

In order to continue to be license as a clinical mental health counselor (NBCC) I have to complete 100 hours of continuing education every 5 years. In order to maintain my license from the State of New York I have to do 36 hours of continuing education every three years.

PHILOSOPHY OF PSYCHOTHERAPY

The most significant contributions to my theoretical approach to psychotherapy come from humanistic theories, family systems theories, and psychodynamic theories. What does this mean?

From the humanistic theoretical orientation I draw on the nature of what it means to be a human being and the inherent struggles that we all face in living an authentic life. It is hard to be responsible and accountable for our own lives. From a family system perspective, I draw on the power of our families of origin and the influence it has on our present life and functioning. From the psychodynamic/psychanalytic traditions I draw on the concepts of the unconscious mind, instinctual drives and defenses, internal object relations, and character styles.

I believe in both nature and nurture. We are born with certain genetic constitutions and grow up in environments that either nurture or thwart our natural inclinations. Therapy is a process that helps people in understanding the nature of their struggles and, hopefully, leads to better harmony by facing our obstacles to greater mental health.

YOUR RESPONSIBILITIES AS A PATIENT

- 1. You are responsible for keeping your scheduled appointments. Sessions last for approximately 50 to 55 minutes. If you miss your appointment or do not cancel within 24 hours of your scheduled appointment, you will be billed for the session.
- 2. You are responsible for paying for your session at time of service unless we have made a different arrangement. My fee per session is \$200.00. If we decide to meet for a longer time you will be billed on a prorated basis. Emergency phone calls, of less than 15 minutes, will not be billed. The exception to this is if you develop a pattern of calling outside of your session. You will then be billed for my time. I typically increase my rates every two to three years. I will let you know when that increase is coming.
- 3. I am not willing to have patients run up a bill with me. I have found that it is not helpful to you, to me, or our work together. If you fail to pay for two consecutive sessions, we will discontinue therapy until you have caught up.

PATIENT CONSENT FOR PSYCHOTHERPY

I have read the above consent statement and understand what I am entering into. If I have any questions related to any of this, I have asked Paul F. Pickett, Ph.D., L.M.H.C. about it. I agree to pay \$200.00 per session. I understand my rights and responsibilities as a patient, and my therapist responsibilities to me. I agree to undertake psychotherapy services with Paul F. Pickett, Ph.D., L.M.H.C. I know that I can terminate at any time for any reason. I know that I have the right to refuse any requests or suggestions made by Paul F. Pickett, Ph.D., L.M.H.C. that I deem are not suitable to me. While I understand that Paul F. Pickett, Ph.D., L.M.H.C. has knowledge and experience in this field, I recognize I am the final authority of what I want to incorporate into my life from this psychotherapy experience.

Signed

Date____