

Empower Counseling Center, PLLC

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INFORMED CONSENT

Welcome to my practice. I am excited that you have selected me to be your therapist. This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. It is important that you feel informed regarding every aspect of your treatment and know our relationship is a collaborative one. I welcome any questions, comments and suggestions about your treatment and look forward to working together. When you sign this document, it will represent an agreement between us.

Psychological Services

I am a licensed psychologist in the State of Texas with a doctoral degree in counseling psychology. I provide a range of psychotherapy services including assessment, talk therapy, and consultation. Counseling or therapy can look very different for each individual depending on the particular issues addressed, the needs of the client, the personalities of the psychologist and client, and a variety of other factors. In order for therapy to be successful, you will have to make an active effort both in our sessions and at home. I cannot predict exactly what your experience will be like, or guarantee specific outcomes, but I am committed to providing you with the most professional, collaborative, and ethical treatment possible.

Psychotherapy can have both risks and benefits. It often involves discussing uncomfortable or painful aspects of your life and you may experience unpleasant feelings (e.g., sadness, nervousness, frustration, guilt). However, counseling can also help you reduce distress, enhance your relationships, and/or find solutions to specific problems.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work together would look like and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. At this time, or in the future, if either of us decide that I am not providing the services you need, I will gladly help refer you to another mental health clinician who is more appropriate.

Confidentiality

In general, all communications between a psychologist and client are confidential, and this information can only be released to others with your written permission. However, there are certain exceptions, such as: If you threaten to seriously harm or kill yourself, I may have to breach confidentiality in order to protect you by seeking hospitalization for you or contacting family members or others who can help provide protection. If you make a serious threat of physical violence against another person(s), I have a legal duty to warn and protect the person(s) by contacting them and a law enforcement agency. If I have reasonable suspicion to believe that a child, elderly person, or dependent adult is being abused or neglected, I am mandated to file a report with the appropriate state agency. In most legal proceedings, you have the right to prevent information about your treatment from being disclosed; however, a judge might order my records or testimony in such circumstances as a child custody case or proceedings in which your psychological condition is relevant. Please see the attached Notice of Privacy Practices for more information about federal standards regulating the disclosure of your protected health information.

In order to provide you the best service possible, I may on occasion consult with other professionals, but will not include your identifying information. When I consult, it is with continued respect for your privacy and confidentiality.

Confidentiality for clients who are minors

Clients under 18 years of age need to know that the law may provide parents/guardians the right to examine their treatment records. However, in order for treatment to be effective, clients need to realize that their information is private and secure. Trust and privacy are important in a counseling relationship, thus, I will provide guardians with general information about the progress of treatment and will notify them of any serious concerns (mandated by law) should they arise.

Confidentiality in Group Therapy

Group members do not have the same legal obligations as a psychologist to adhere to confidentiality. While confidentiality cannot be guaranteed, I require all group members commit to this. For their entire lives, group members agree not to reveal any identifying information, personal stories, or any other information about fellow group members.

Meetings

Our first appointment is an opportunity for us to meet together and identify if we will be a good fit. This is also a chance for me to understand your symptoms, life situation and reason for therapy. I will ask a variety of questions to assist me in gaining foundational information about you. At the end of the appointment, I will share my treatment recommendations and we will collaboratively identify what will be the best fit for you. I can provide you referrals to other professionals who might be of assistance to you if we find that you may be better served by another therapist.

Some clients find they may only need a few sessions to gain the benefits they are seeking, while for others, it may require months or longer. My priority is to empower you and assist you in achieving your goals so that you can make lasting changes in your life. Individual therapy sessions are 45 minutes. Couples therapy sessions are 45 minutes or 90 minutes. Group therapy sessions are 90 minutes long. Sessions cannot be extended in the event of your late arrival, so please arrive on time. When you begin to identify that you are ready to transition out of therapy, let me know. This allows me to assist you in making a smooth transition so that you can leave feeling confident in your abilities to practice what we have learned together. If we agree to begin psychotherapy, I will schedule you for one 45-minute session per week. However, sometimes sessions may need to be scheduled more frequently to best meet your needs, or less frequently due to vacations, illnesses, or other circumstances. Please see the Billing and Payments section for my cancellation policy.

Billing and Payments

You agree to make reasonable efforts to avoid missing or canceling appointments. I ask that you provide me a **minimum** of 24 hours notice if you will be unable to keep your appointment. This allows me to offer your appointment time to someone else who may want or need to be seen earlier. However, it can be difficult to fill an appointment even with 24 hours notice, so informing me as soon as possible is ideal. In the event such notice is not provided, or you do not show up for your appointment, you agree to pay the fee for the full session. For group therapy clients, your seat is reserved for the duration of the group. Thus, if you need to miss a session, you are still asked to pay the cost of the session. I will keep your credit card information on file for cancellation fees. The fee will be the same as your regular session fee (out-of-pocket rate, or full insurance rate including co-pay). We will discuss these specific fees at our first session. You are responsible for all appointment times reserved for you.

You will be expected to pay for each session at the time it is held, unless you have insurance coverage that requires another arrangement. For extended phone consultations between sessions about issues other than cancelling/rescheduling, the cost is \$25 per 15 minutes (out-of-pocket only). Payments for other professional services (i.e., participation in legal proceedings, extended phone consultations with other providers you have authorized, preparation of records or treatment summaries for purposes other than in-network insurance) will be agreed upon when they are requested. If you are experiencing significant financial hardship, I may offer a fee adjustment or payment installment plan; however, please note that fees charged by your insurance company for my services cannot be negotiated.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means (i.e., a collection agency, small claims court). I will inform you before I do so, and give you an

opportunity to make prompt payment. If I proceed with such means, I will release only the minimum information necessary (i.e., your name, the nature of services provided, and the amount due).

Insurance Coverage

If you are using insurance coverage for your treatment, please become familiar with what your plan covers and the cost of deductibles, co-pays, etc. by contacting your insurance company directly; in addition, I am happy to provide you with any information I can. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. They often limit coverage to short-term treatment designed to address specific problems that interfere with an individual's usual level of functioning, so it may be necessary to seek approval for more sessions after a certain number. If you want to continue sessions with me beyond the limit covered by your insurance, I will obtain a signed agreement from you accepting financial responsibility. We will discuss fees at that time.

Professional Records

The laws and ethical standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records, and I recommend that you review them in my presence so that we can discuss the contents. If I believe that seeing some part of the record might be significantly detrimental to you, I will leave it out. In this case, you can request to have the records inspected by another mental health professional. You will be charged an appropriate fee for any professional time spent preparing information requests.

Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis, as well as treatment plans, summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company's files, and while they claim to keep such information confidential, I cannot ensure this. Please see the attached Notice of Privacy Practices for more information about federal standards regulating the use of your protected health information for insurance purposes, as well as your rights regarding access to your records.

Physical Health

Psychological disorders and symptoms often have a strong correlation with medical illnesses and symptoms. At times, some medical conditions require a medical differential diagnosis to determine symptom etiology. If your presenting symptoms are organic in origin, it is critical that you obtain medical treatment. In addition, prescription and nonprescription medications may have significant side effects that may be important for us to consider. I appreciate full disclosure of all medicines and drug intake and may request a Release of Information so that I can coordinate services with your physician.

Electronic Communications

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because this is not a secure form of communication. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication. I do not currently use text messaging.

Social Media Policy

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe

that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Information Available On Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. There is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently, clients have begun to review their health care providers on various websites. Unfortunately, mental health professionals cannot respond to such comments or dispute factual errors due to confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. I will never ask you to provide ratings or testimonials on such sites as this is against the ethical code of my profession. I ask that if you desire to engage with these websites, that you please do not rate my work with you while we are in treatment together in order to protect your privacy and to ensure the confidentiality of our work together.

Contacting me

I am in the office on Wednesdays and Fridays, but check my voicemail and email often. My phone number (512-337-1875) will often go directly to voicemail. Please leave me a message, and I will typically return a call within 24 hours with the exception of weekends, holidays, and when I am unavailable for an extended period of time (e.g., vacation). Every effort will be made to inform you in advance when I am going to be out of town, or otherwise unavailable. If or when you are not able to reach me and feel that you are not able to wait for a return call, you should contact 911 or go to the nearest emergency room. In addition, you can use following resources for additional support: Austin Travis County Crisis Hotline (512) 472-HELP (4357), or the National Suicide Prevention Lifeline 1-800-273-TALK. You can also find additional resources on the NAMI Austin website <http://www.namiaustin.org/crisis-resources/>.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Printed Name

Signature

Date