

Richard Knowles, Ph.D.
Licensed Psychologist (PSY 29060)

Sofia Counseling Center
1057 E. Meadow Circle, Palo Alto, CA 94303
Telephone: (650) 224-3287

INFORMED CONSENT FOR TREATMENT

Office Policies & Consent for Psychotherapy Services

Thank you for your interest in my practice. This form is designed to give you important information about treatment and our professional relationship, including your rights as a client as well as my office policies. Please read this document, and if you have questions or concerns, bring them to my attention. When you sign this document, it will represent an agreement between us.

Beginning Treatment

In our first sessions we will mutually assess if the two of us are a good match for psychotherapy. I do not accept clients who I believe I cannot be of help to, nor is it appropriate for therapy to continue should you feel similarly. In this case, appropriate referrals will be provided. Throughout our working relationship, we will collaboratively develop a treatment plan based on your therapeutic objectives. I will work to intentionally facilitate and encourage an open, honest and transparent working relationship.

Confidentiality

Privacy is a basic right of anyone participating in psychotherapy. All information disclosed in therapy sessions and in written records pertaining to the content of therapy sessions are confidential: this information may not be revealed to anyone without your written consent except where federal and/or state law requires disclosure. Disclosure is required when there is clear intent expressed to harm self or another identifiable person. Disclosure is also required when there is reasonable suspicion of child, disabled, elder abuse or neglect. Disclosure may also be required in a legal proceeding. For example, if you place your mental status at issue in litigation that you initiate, the court may claim the right to obtain your complete psychotherapy records. Disclosure is required if a client indicates possession or involvement in child pornography (per California AB 1775). Disclosure may also be required in collecting outstanding fees to a collection agency or small claims court in order to resolve payment noncompliance or dispute.

I consult regularly with other professionals regarding my clients; however each client's identity remains completely anonymous and confidentiality is fully maintained.

In an effort to process insurance claims, minimal necessary information may be shared including, name, diagnosis, date and length of sessions and CPT codes for services rendered.

Upon your request, and with your written consent, I may release information to any person or agency you specify. I may choose to deny this request if I believe that releasing such information may be harmful to you and/or our work together.

Confidentiality of Email and Fax

Communications such as email and fax can be easily accessed by unauthorized people and may compromise confidentiality. Please be me mindful of these concerns when using these methods of communication with me.

Benefits and Risks of Psychotherapy

Psychotherapy is designed to support you in developing the courage and skills to examine your life, relationships, and any self-defeating beliefs and behaviors.

Participation in therapy may result in a number of benefits to you including reduction in presenting symptoms, increased insight and understanding, improved relationship with self and others, resolution of presenting concerns and benefits to your physical, emotional and spiritual health. Good psychotherapy requires honesty and openness and a sincere commitment to the process. The rate of your progress and length of therapy depend on many factors, including your motivation, life circumstances, and the nature and severity of the problems involved.

The risk of psychotherapy is that you may encounter challenging emotions, thoughts and/or memories, however this is often an integral part of change, healing and growth. You are encouraged to share these experiences with me if/when they occur.

Payment and Financial Arrangements

My standard fee is \$150 for individual 50 minute sessions and \$185 for a 50 minute couple or family session. Besides the session time itself, this fee covers typical activities related to our work—such as clinical documentation, research, consultation, short e-mail or text inquiries, or preparing superbills.

The fee is to be paid each session unless other arrangements have been made. I accept cash, personal checks or most credit cards. I don't currently work with insurance companies, however, if you have insurance that will reimburse you for mental health services, I will provide you with a monthly accounting of fees you've paid (superbill) at your request.

Each session will begin on time and will not run over the allotted amount of time. An annual fee increase may occur at the beginning of the calendar year. You will be notified in advance of any fee increase. Also, any phone sessions with you, a family member or legal representative are charged to you in increments of 15 minutes.

Cancellations

To avoid being charged for a missed session, please notify me with at least 48 hours (2 days) notice prior to re-scheduling or cancelling. Half fee will be charged for cancellations made 24-48 hours prior to a scheduled appointment. Full fee will be charged for cancellations of fewer than 24 hours.

Termination

There are many ways to transition or end treatment. I strongly encourage this process to be transparent and mutual. I encourage an open discussion with me regarding transitions and endings of treatment.

Noncompliance with treatment recommendations may result in termination of services. If you have concerns about treatment I strongly encourage you to share them with me. You have the right to terminate treatment at any time.

If you commit physical violence or verbal harassment to me or anyone associated with my practice or services, I reserve the right to terminate your treatment immediately and unilaterally. Failure or refusal to pay for services after a reasonable amount of time may also result in termination of services.

Dual Relationships

Despite a popular perception, it is important to note that not all dual relationships are unethical or avoidable. However, therapy never involves sexual, business or other relationships that could impair clinical judgment, therapeutic effectiveness, or could be exploitive in nature. Should non-sexual dual-relationships form, they will be reviewed on a case-by-case basis to see how they impact the therapeutic relationship.

Phone Calls & Emergencies

I strive to return calls promptly. On weekdays, every effort will be made to return calls within 24-hours and on weekends within 48-hours. In planned absences, I will notify you in advance and will provide you with emergency contact information.

In the event of an emergency, please seek help by calling 911, going to the nearest hospital emergency room, or calling the appropriate hotline or emergency services number listed in the Community Services section at the front of your telephone directory, under “Mental Health and Crisis Intervention”.

Contacting me

My telephone number is (650) 224-3287. You can leave a confidential message there at any hour. You may also email me at Richard@DrRichardKnowles.com. I have taken steps to secure my computer from hacking, but the privacy of this form of communication cannot be guaranteed in transit, so please refrain from including confidential material in such messages. For this same reason, I do not encourage the use of texting for anything other than to inform me of a late arrival.

In conclusion, I hope this information has been helpful. Please let me know if you have any concerns or questions about these policies, treatment, or this agreement for working together. I sincerely look forward to building a relationship with you.

Please sign below to indicate that you have read, understood, and agreed to follow the aforementioned conditions of participation in psychotherapy.

Client Name (print) _____

Client Signature _____ Date _____

Client Name (print) _____

Client Signature _____ Date _____

Richard Knowles, Ph.D. _____ Date _____