

Christopher Emerson, Ph.D.
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INFORMED CONSENT

Consent to Treatment: Our psychotherapy relationship is entirely voluntary and you may decide to end it and/or consider alternative modes of treatment any time you wish. While it is expected that you will benefit from the therapy, individual responses vary and you may, at times, experience uncomfortable feelings. Should questions regarding the treatment arise during its course, I encourage you to discuss them with me.

Limits of Confidentiality: Therapy sessions between a psychotherapist and client are confidential and release of Protected Health Information requires your written permission, except under certain legally defined situations: If I become aware that a client intends to self-harm, harm another, or if s/he is unable to provide self-care at a level necessary for basic survival, I am ethically and legally bound to take appropriate action to protect against such dangers. State law requires the report of suspected child, elder or otherwise dependent abuse or neglect where there is reasonable belief that it has occurred. In response to a court order, I must release records and/or testify. If you are utilizing an insurance company to furnish payment, you will be required to consent to the release of information such as your clinical diagnosis, and your records may be reviewed. Regarding collection situations (see Payment and Fees below), I am permitted to release your name, the nature of services provided, and the amount due. Finally, on occasion to benefit the treatment, I may consult with another clinician. This is done with great respect for your privacy and identifying information is omitted whenever possible.

Professional Records: I am required to keep written treatment records. You are entitled to review and/or receive a copy of the records unless I believe seeing them would be emotionally damaging. In this case, I would be happy to summarize them and/or send them to a mental health professional of your choice. Because they are professional records and may be written in technical language, I suggest your review be done in my presence so that we can discuss the contents and I can answer any questions you may have.

Status as Licensed Psychologist: I am a licensed clinical psychologist with the Board of Psychology of the state of California.

Insurance, Payment and Fees: My hourly therapy fee is \$200 for individuals, \$225 for couples. Payment for therapy, paid in cash, credit card or by check payable to Christopher Emerson, Ph.D. is expected at the time of the session or at the end of the month. If you have insurance covering mental health services, I will provide you with an insurance receipt; please understand that the arrangement is between your carrier and yourself with reimbursement coming to you. Any reimbursements you may receive will then be applied to my hourly therapy fee of \$200/\$225 if the amount you pay me for therapy is less than that amount. Please be aware that I do not provide the service of interfacing with insurance companies by phone on patients' behalf. If your account has not been paid for more than 60 days, I have the option of using legal means (e.g., a collection agency or small claims court) to secure payment.

Appointments and Cancellation Policy: Sessions for individuals are 50 minutes long, and sessions for couples are 60 minutes long. If you are late for a session you will be expected to pay for a full session. If you need to cancel an appointment, please notify me at least 24 hours in advance (by Friday if your session is on a Monday). If I do not receive such notice you will be charged for that session.

Telephone Accessibility and Emergencies: I will return calls as soon as possible or within 24 hours should you need to speak with me between sessions. Please note that while I will attempt to contact you as soon as possible, I do not provide formal emergency services. In a life-threatening situation you may call 911, the Los Angeles County's after-hours emergency line at (800) 854-7771, or go directly to a hospital emergency room for evaluation. If I will be unavailable for an extended time, I will give you the contact information for my clinical supervisor and/or the name of a qualified colleague to contact if necessary.

I read, understand, and agree to the conditions written above.

Signature: _____ Date: _____