

### **INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES**

Welcome. Please take your time and thoroughly review the following. The purpose of this document is to provide you with information regarding your participation in psychological treatment/evaluation. Please feel free to ask me any questions you may have regarding this form before signing.

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I am a Licensed Clinical Psychologist who treats adults. I am experienced in treating a variety of conditions, including depression, anxiety, and behavior disorders. I work with individuals and couples. My therapeutic orientation derives from an understanding of individuals as products of both genetic and environmental influences, particularly family and early life experiences. My orientation is primarily humanistic or client-centered, however, I use a variety of treatment approaches including cognitive-behavioral therapy. I will discuss with you the most appropriate treatment interventions after considering your presenting issues. By signing this consent to treatment, you are requesting and authorizing me, Catherine E. Lewis, Psy.D., to provide psychological assessment and treatment. The frequency and type of treatment will be decided upon between me, Dr. Lewis, and you, the client. By signing this form, you are indicating that you understand that the purpose of these procedures will be explained to you and subject to your verbal agreement. By signing this form you are stating that you understand that there is an expectation that you will benefit from psychotherapy but there is no guarantee that this will occur. Also, you understand that maximum benefit will occur with consistent attendance and that at times the therapy process may feel uncomfortable. You understand that you have the right to terminate treatment at any time.

The following information is important for understanding the process of psychological treatment. As a client, particularly if you are new to this process, you may have certain expectations of therapy or your doctor. You are encouraged to discuss your expectations early in treatment or any concerns you have about the therapeutic process. Your role in your treatment is an active one. At times I may ask you to complete assignments outside of the therapy office (e.g., homework, journaling, self-monitoring behavior).

My office is located in Point Loma, in the historic Liberty Station. I am available by phone and voicemail Monday through Friday from 9am to 6pm. I may need to call you back and leave a phone message for you. By signing this form, you authorize me, Dr. Lewis, to leave phone messages for you. Direct all non-emergency calls to my voicemail system. If it is after hours or the weekend and you are experiencing a mental health emergency (thoughts of harming yourself or someone else) and are unable to reach me, please call the Access and Crisis Team Counseling Line, **(619) 557-0500** or **1-800-479-3339**. Trained counselors are available 24 hours/7 days. You may also call 911, your psychiatrist, or family physician. If you are not experiencing an emergency, but need to talk with someone, trained operators are available at The Warm Line, **(800) 930-9276**. This number is in service 7 days/week from 5pm to 11pm.

The principal factor in therapy is your ability to feel comfortable and trust your doctor will not disclose what you share. While the goal of therapy is to provide a safe place to share your private thoughts and feelings, there are some exceptions to a psychologist's ability to maintain confidentiality in all situations. Your confidentiality is waived in situations where

**Catherine E. Lewis, Psy.D.**

Licensed Clinical Psychologist

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psychologists are mandated by law to report, including: suspected child abuse or neglect; suspected elder abuse; and threats to harm yourself or others. Confidentiality is also subject to waiver when treatment is court-ordered or if you are involved in litigation that calls your mental health into question. If you are using health insurance to cover your therapy expenses, they often require information regarding assessment, diagnosis, treatment goals, and treatment progress. Your privacy is my primary concern.

Fees for psychological services are paid at the time services are rendered unless you are using insurance. **Except where there is a clear emergency, sessions missed or canceled with less than 24 hours notice will be charged to you in full; insurance companies will not pay for missed appointments.** Unpaid balances may be reported to a credit bureau or collection agency, following reasonable attempts at collection. My fee schedule is as follows:

Initial Intake 90-minute: \$175.00

Individual 50-minute: \$125.00

Couple 50-minute: \$150.00

Couple 90-minute: \$175.00

I also work with a sliding scale. Please feel free to discuss your fee with me.

I accept cash, personal checks and credit card payment.

I encourage an ongoing and open dialogue in an effort to offer you the relevant information necessary for you to make informed decisions about your treatment. If you have any questions, please discuss them with me directly.

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By signing below, I agree that I have read and understood the above and agree to participate in psychological treatment with Dr. Lewis. I also agree that I will address any questions regarding my treatment to my doctor. I agree that I have been informed of the fee schedule, late/missed session policy, and the limits of confidentiality.

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Client Name **(Please Print)**

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Client Signature

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Date