

Information You Have a Right to Know

1. Tell me about yourself.
 - a. Are you a psychologist? Psychiatrist? Family therapist? Counselor?
 - b. What are the advantages and limitations of your credentials?
 - c. What is your training and experience? Are you licensed by the state? Supervised? By whom?
 - d. What is the name of you kind of therapy?
 - e. How did you learn how to do this therapy? Where?
2. Tell me about therapy.
 - a. How does your kind of therapy work?
 - b. How can someone tell they are improving? What will I notice when I get better?
 - c. Are there possible risks in this therapy?
 - d. About how long will this take?
 - e. What should I do if I feel therapy is not working?
 - f. Is there someone I can talk to if I have a problem or complaint about therapy that we can't work out?
 - g. Do you do therapy over the phone or over the internet?
3. Tell me about appointments.
 - a. How do we arrange appointments?
 - b. How often do we meet?
 - c. How long are your sessions? Do I have to pay more for longer ones?
 - d. How can I reach you in an emergency?
 - e. If you are not available, is there someone I can talk to?
 - f. What happens if the weather is bad, or I'm sick?
4. Tell me about confidentiality.
 - a. What kinds of records do you keep?
 - b. Who is allowed to see them?
 - c. When do you have to tell others about the things we discuss?
 - d. Can members of my family see my records?
 - e. What do the laws and government regulations say about the privacy of my records?
5. Tell me about money matters.
 - a. What is your fee?
 - b. Will you ever charge me more?
 - c. What ways are you willing to take payment?
 - d. Do I need to pay for missed sessions?
 - e. Do I need to pay for telephone calls, letters, or emails?
 - f. If I do not pay my fee, what will you do to collect?

I have already given you some written information. This has included a contract, privacy statement, and a consent form. I will be happy to explain further or answer additional questions you may have. This will help make your decision a good one. You can keep this information for your records. Please read this carefully at home. We will review this from time to time.

I, the client, have gone over this list with the therapist, and I understand these questions and the therapist's answers.

Signature of client

Date

I, the therapist, have discussed these issues with the client. I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment.

Signature of therapist

Date