

Kathleen V. Williams, Ph.D.

Clinical Psychology Lic. No. PSY 12786

220 SOUTH KENWOOD STREET, SUITE 202 • GLENDALE, CA 91206 • 818-247-4751

kathleenwilliams@psychologist-losangeles.com

Client Information and Consent for Treatment

Date: _____

Name: _____

Billing c/o: _____

Address: _____

Telephone: (Home)_____ (Work)_____ Cell: _____

Primary Health Care Provider: _____

Emergency Contact and Nature of Relationship: _____

Referred by: _____

Names of your household members (list yourself first)	<u>Relationship</u>	<u>Birthdate</u>	Occupation and Place of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

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Information about Psychotherapy

People seek psychotherapy as a means of addressing a wide range of concerns. Most often people begin psychotherapy with the intent of either exploring some area of their lives, making some changes in their lives, or to resolve specific concerns. I will work with you to help you clarify and achieve your goals, but I cannot guarantee that the outcome will be what you now seek. This is because psychotherapy involves self-exploration and reflection to further understand one's beliefs, values, and perspectives and their impact on daily living. Thus, such exploration can lead to modification of goals.

Psychotherapy requires a certain willingness and ability to take emotional risks, consider different perspectives, and sustain a commitment to the process. Part of my job as your psychologist is to assist in your improvement of these skills. As our work progresses, you may experience frustration, some anxiety, feelings of depression, as well as times of self-doubt and conflict about events and issues in your life. These feelings are normal and may occur during the process of introspection and exploration of life events. Indeed, as our work together comes to an end, you may experience unexpected changes in areas of your life such as: some of your values and beliefs, your view of your past, the nature of relationships in which you engage, your career aspirations, your wishes for your future, just to name a few of the possible alterations that might result from your psychotherapeutic work.

A variety of psychotherapeutic theories and practices are available. I will do my best to work with you in a way that is most effective for you. Because psychotherapy is not suited for everyone, nor am I necessarily the best psychologist for everyone, I encourage you to discuss with me any concerns you have about our work. I will be happy to discuss alternate treatments or referrals to other professionals who might be of assistance to you.

Psychotherapy is a resource for your use, thus, it will be up to you to decide when you are ready to take leave of our work. While it is ultimately your decision whether to continue or end psychotherapy, I encourage you to discuss this matter in session. As with all aspects of psychotherapy, my intent is to help facilitate the most optimal use of this resource, including the important time of finishing our work together.

Confidentiality

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable concern regarding child or elder abuse; reasonable concern that you may pose a danger to yourself or others. Disclosure may also be required pursuant

to a legal proceeding. In order to provide you the best service possible, I may on occasion consult with other professionals. When I do so, 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 your parents or guardians the right to examine your treatment records. Parents are understandably interested in the treatment of their children. However, in order for psychological services to be of optimum benefit, young people need to develop trust in their psychologist and need a degree of privacy and security. Therefore, I ask parents of minor clients to respect this principle. Please know I will bring to your attention matters that my professional judgement tells me are important for you to know. While I want you to feel free to contact me at any time and ask any questions you might have, I also want you to know there may be times I will not provide the information you request. This is to assure your child's privacy and provide him or her an important sanctuary. It is important to keep in mind that as much as your child is your responsibility, their psychological therapy and journey are their own. Like all individuals, they will address, examine, and resolve their concerns in their own unique ways. I ask that you respect their individuality and privacy. Certainly, your child should inform you if for any reason they feel unduly uncomfortable or uneasy with their therapy. If it turns out I am not the best psychologist for your child, I will work with you to find a professional who can be of further assistance to you and your child. Given the importance of privacy to the therapy process, I hope you will refrain from asking your son or daughter the events or particulars of his or her sessions. Of course, if your child is 18 years or older, I cannot discuss with you anything about his or her work with me without their express permission.

Independent Practice

I share a suite with other independent mental health professionals. Although we share some business expenses, I am completely independent in providing you with clinical services. My professional records are maintained separately and no other professional, including those sharing this suite or office, may have access to them without your specific, written permission.

Office Policies

1. Our appointments will be 50 minutes in length, unless we decide a different schedule best suits your needs. Sessions cannot be extended in the event of your late arrival.
2. It is most often recommended that sessions take place on a weekly basis. Of course this schedule is flexible depending on your goals and needs.
3. Because your appointment involves reserving a specific time period for you, I ask that you provide me with 24 hours notice if you will be unable to keep your appointment. In the event such notice is not provided, whatever the reason for the absence, you will be charged at the usual fee for the lost time.
4. Payment for sessions is expected at the time of our appointment unless we agree to other arrangements. An interest charge of 1 1/2% per month (18% annual percentage rate) will be added to any balances remaining unpaid for 30 days. Accounts that become delinquent will be pursued by hiring a collection agency, using the court system, or other legal means.

5. If you have insurance that will help with the cost of psychotherapy, I ask that you pay me directly and submit a claim to your insurance company for reimbursement. I will provide you monthly statements that can be submitted with your claim. I will make reasonable efforts to help you secure reimbursement that might be due to you from your insurance carrier regarding psychotherapy costs. However, these costs and dealings with your insurance company are ultimately your responsibility.

6. If you provide me a check that is returned by my bank as not payable, you will be charged a fee no less than \$10.00 and no more than twice any fees imposed by my bank.

7. I am available by telephone in the event an urgent matter arises about which you need brief consultation before our next appointment. For telephone calls lasting longer than 15 minutes you will be charged a fee proportionate to your usual session fee. To my knowledge, most insurance companies do not cover such consultations. I check my answering machine for messages seven days a week from approximately 8:30 a.m. to 7:00 p.m. and return calls as quickly as possible. If I am unable to return your call when you need, or if you are calling regarding an emergency, please contact other resources such as 911 emergency line, or your local general hospital or psychiatric hospital emergency room.

8. When I am out of town, or otherwise unavailable, I will arrange for another licensed mental health professional to be available to you. The name and telephone number of the professional covering for me will be available in the outgoing message of my telephone answering machine.

I have read and understand the above described information and policies. I authorize Dr. Kathleen V. Williams to provide outpatient psychotherapy for me. By making this authorization I agree to abide by these policies.

Client Name	Client Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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