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INFORMED CONSENT FOR TREATMENT AND EVALUATION

**CONFIDENTIALITY**

Oregon law protects the privacy of the communications between a client and a psychologist. I am allowed to disclose information about you to someone else only with your knowledge and permission. There are some exceptions to this, however:

Danger and emergencies

1. Abuse of a vulnerable person: If I believe that there is abuse of a vulnerable person, such as a child, elder or disabled person, I may be legally or ethically required to report this. If there is a governmental investigation as the result of my reporting (or report by another person), I may be required to hand over client records, provide further information or to testify in a court of law.
2. Danger to others: If I believe that a client presents a clear risk of imminent and serious harm to another person, I may be required to take action, which could include warning the potential victim, contacting the police, or seeking hospitalization for the client.
3. Danger to self: If I believe that a client presents a clear risk of serious harm to him/herself, I may take protective action, such as notifying family members or others who could help provide protection and/or seeking hospitalization for the client.
4. The HIPAA policies allow me to disclose important and relevant information as may be needed in an emergency. For example, if a client of mine is hospitalized in a psychiatric emergency, I may talk to hospital staff to facilitate their assessment of the situation.

Legal situations

1. If you are involved in a court proceeding and your mental health status or treatment becomes an issue, I may be required to provide this information without your permission. In this case, I would make every effort to inform you of this possibility as I become aware of it. Only a judge, however, can override your right to confidentiality and, even then, there needs to be good reason.
2. If you file a complaint or lawsuit against me, I would disclose information about you in order to defend myself.
3. Filing a worker's compensation claim automatically gives authorization for me to release relevant information.

Other

1. Billing: While I keep my own books, I do have an accountant that may be exposed to client names while helping me. I may at some time use a billing company. In each case,

these business associates are, or would be, contracted to maintain confidentiality of the data they come into contact with.

2. Consultation: Psychologists are expected to consult with other psychologists regarding ethical or treatment difficulties they encounter and to continue to improve their skills. During consultations, effort is made to avoid details that would allow identification of the client; however, the psychologists who are being consulted are bound by confidentiality laws in this role.
3. Emergency coverage: When I have other practitioners take my crisis calls, I may inform them of a client by name, the situation and what would be helpful. If you would like to know the names of practitioners who might be in this role for me, I can provide you with their names.
4. HIPPA: If a government agency is requesting information for health oversight activities, I may be required to give it to them.

## **USING HEALTH OR DISABILITY INSURANCE**

If you are using insurance benefits as payment for services, you need to know what this involves.

### Limits to coverage

1. Medical necessity: health insurance companies usually limit mental health coverage to what is considered to be “medically necessary,” which means acute symptoms that are interfering with your life.
2. Short-term treatment: Health insurance companies cover conditions that can be treated with short-term, problem-focused, goal-oriented approaches. They may limit the number of sessions they cover. Long-term issues may not be covered, even though treatment for these issues may be a good idea.
3. If you are using disability insurance or auto insurance, as the result of injury or impairment, insurance coverage may be limited strictly to issues that are related to the condition, accident, injury or impairment. If this is the case, please bring it to my attention so that we may be mindful of such limits in the treatment planning.

### Loss of control over personal information

1. Billing: In order to bill your insurance company, I often must provide information on diagnosis, symptoms, degree of impairment, treatment plan, progress in treatment, etc. In addition, I may need to confirm with a company care manager that your treatment meets the “medically necessary” requirement in a discussion about you.
2. Quality assurance: Insurance companies occasionally review charts and files without extra authorization for the purposes of utilization review and quality assurance.

In these situations I make every effort to release only the minimum amount of information necessary to comply with the request. This information, however, becomes part of the insurance company’s files and will probably be stored in a computer. Although insurance companies strive

toward confidentiality, I have no control over what they do with this information once it has been disclosed to them. In fact, some information that insurance companies collect is shared with national databanks. It is my understanding that this is for statistical, not personal, data gathering.

## **CLIENT RIGHTS**

1. You have the right to be informed regarding the terms under which treatment or evaluation will be provided. Policies on fees and charges, billing, appointments, emergencies and other matters will be provided to you. It is your responsibility as a client to stay informed.
2. You have the right to know my qualifications and training for providing evaluation and treatment.
3. You have the right to refuse any treatment I suggest and to stop treatment with me altogether.
4. You have the right to disagree with me. If you have serious concerns about my ethics or competence, and you could not successfully resolve these with me directly, you may contact the OPA Ethics Committee (503-253-9155) or the Oregon Board of Psychologist Examiners (541-378-4154).
5. HIPAA provides you with the right to a) request that I amend your record, b) restrict what information from your clinical record is released to others, c) request an accounting of most disclosures of protected health information that you have not authorized, d) determine where protected health information has been sent, e) have any complaints you make about my policies and procedures recorded in your file, f) receive a hard copy of this agreement, the HIPAA notice form and my policies and procedures.

## **RISKS AND BENEFITS**

1. Psychotherapy has some risks. It requires an investment of your energy, time and finances. Sometimes psychotherapy is not effective and clients do not meet their goals for treatment. Sometimes clients feel worse before they feel better. Sometimes, as clients change, their relationships with other people change. This can sometimes take clients or their families by surprise.
2. Psychotherapy has the potential benefit of decreasing problematic symptoms, decreasing emotional distress and adding skills that contribute to overall health and well-being.
3. If, at any time, you have any questions about the therapy or its effectiveness, please discuss this with me. I could be missing something or think we are proceeding on target and be incorrect. A discussion could help clarify any misgivings.

## **WHAT TO EXPECT**

1. Before our first session, I ask that you read through the information I provide, sign and complete the paperwork. This saves session time. While it is “a lot,” please know that each form has a purpose and is probably required by some regulatory body.

2. When you come to the first session, please bring your insurance information and the name and address of your primary care physician. Also bring a list of all medication you are taking, if this applies to you.
3. We will spend one to three sessions for assessment and treatment planning. I will want to know what your goals are for the psychotherapy. I will want to understand the problems you are having and how they came about. This will involve some talking about your family of origin and how you grew up.
4. There will be homework assignments and periodic review of progress.
5. I will want to let your primary care physician (PCP) know that we are working together and to coordinate care with him or her. Sometimes physical/medical conditions complicate psychological/emotional problems. If you do not want your PCP involved, this will need to be discussed.

I have read and understand my rights and responsibilities, the limits of my confidentiality during psychotherapy and have had the opportunity to have my questions answered.

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Client Signature

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Date