Lydia Mendoza, LCSW
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INFORMED CONSENT FOR PSYCHOTHERAPY

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose and you can change your mind and revoke that permission at any time.

The following are legal exceptions to your right to confidentiality:

If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or family members and may seek involuntary hospitalization.

If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

If I have good reason to believe that you or someone else is harming a child or vulnerable adult or elder, I must inform Child Protective or Adult Protective Service.

Whenever possible, we will discuss any of these exceptions before action is taken.

The following are non-legal exceptions specific to my practice:

To consult with professionals when deemed necessary for treatment.

In case of emergency when you cannot give your consent, I will contact the person listed as your emergency contact and may contact 911 if needed for your care.

To provide to my bookkeeper any necessary client information needed to maintain accurate books.

Emergency Policy

Call 911 or go the nearest emergency room

Record-keeping

I keep very brief records, noting only what has been discussed and addressed in session. I maintain your records in a secure location that cannot be accessed by anyone else. You have a right to request in writing a copy of your file be made available to you or another healthcare provider. I generally do not release records but will provide a summary of treatment. We will discuss this should this request be made and sign releases if needed.

Diagnosis

If you submit my bill for reimbursement, I am normally required to give a diagnosis to that third party for you to be reimbursed. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All diagnoses come from the DSM-V.

Fees

The fee for services is $150. Full payment is required at each session.

Your responsibility as a client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last 50-60 minutes. If you miss a session without canceling or cancel with less than 24 hour notice, you will be charged for that session.

Complaints

If you are unhappy with what's happening in therapy, I hope you will talk with me about it so that I can respond to your concerns. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can file a complaint with the Board of Behavioral Science Examiners at 916-574-7830 or www.bbs.ca.gov.

Client Consent

I acknowledge that I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to and understand it. I understand my therapist's rights and responsibilities to me and my rights and responsibilities as a client. By signing this consent, I accept all that is written above and agree to undertake therapy with Lydia Mendoza, LCSW with full knowledge of the responsibilities and risks.

________________________________ ____________________

Client Signature Date

________________________________ ____________________

Client Signature Date