***Consent for Treatment***

Welcome to my practice. This consent includes some essential information about psychotherapy. Please read and sign to indicate you have reviewed this information. Your first visit to a therapist is important and you may have many questions. This will help us to introduce ourselves to one another. I will provide you with a copy of the consent.

Additional information about my practice and about psychotherapy is available on my website: *veronicakneedler.net.*

***The Process of Therapy:*** During our first few meetings, I will assess whether or not I can be of help to you. I do not accept referrals who I can not be helpful to and, if this is the case, I will refer you to another clinician. After a reasonable period of time after starting therapy, we will discuss my working understanding of your issues and my ideas about a plan for treatment. If you have any questions about any of the procedures used in therapy, please ask. You have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from treatment that I do not provide, I have an ethical obligation to assist you in finding those treatments.

***Benefits and Risks of Psychotherapy:*** Participation in therapy can result in a number of benefits to you including resolution of the specific concerns that led you to seek therapy and improved relationships. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness. Sometimes during therapy, memories, feelings, and thoughts may result in uncomfortable feelings and anxiety. I may challenge some of your assumptions and perceptions. I may propose different ways of thinking about situations. This may cause you to feel upset, frustrated, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors in the arenas of employment, schooling, housing, or relationships. Change can sometimes be quick and easy but more often it can be gradual and frustrating. There is no guarantee that psychotherapy will yield intended results.

***Length and Frequency of Treatment:*** Psychotherapy typically involves regular sessions, usually 45-50 minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs.

***Confidentiality:*** Information that you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in which children are put at risk (such as sexual or physical abuse or neglect). Please review the *Notice of Privacy Practices* (attached) for more detailed information. If you have questions about my privacy practices per HIPAA regulations, please ask me.

***Fee Policies:*** My fee for an individual therapy session is $115. If you need to cancel an appointment, please tell me at least 24 hours in advance, otherwise I may charge you for the missed session. If you carry mental health insurance coverage, I will bill your carrier for reimbursement. In many circumstances, the insurance carrier limits the fee charged for the session. You will not be charged for the difference between my ordinary fee and the cap placed by your insurance. Unless there is a prior arrangement, full payment is required at the end of each session. You may pay with check, cash, debit or credit cards, including from Health Saving Accounts.

My fees increase $5-$10 every two years and I will remind you of this increase in advance. For situations in which my fee would lead to severe economic hardship, I am willing to adjust it downward. The fee for returned checks is $50. Please contact your health insurance for specific information on your responsibility. If I spend more than 10 minutes on the phone or replying to messages from you during a given week I will bill you on a prorated basis for that time.

***Phone and Emergency Contact:*** If you need to reach me by phone, do not hesitate. When I am not available, my voice mail will take your message; I am usually able to return the call within the day. Please use **317.506.7115** to reach me for urgent matters. If you can not reach me in the event of an emergency, please call 911 or a crisis line of your choosing. Please refer to the section below on *Digital Communication*.

***Physician Contact:*** Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted.

***Dual Relationships:*** Therapy never includes sexual, business or other dual relationships that could influence my ability to be objective or effective or could be exploitive in nature.

***Freedom to Withdraw and Termination***: Deciding when to stop our work together is meant to be a mutual process. Before we end, we will discuss how you will know if you should return for a visit. If you have any concerns about your treatment, I strongly encourage you to express them so that we can resolve any possible misunderstandings. During our work, if I assess that I am not effective in helping you meet your therapeutic goals, I will discuss this with you and give you referrals that may be of help to you. If you wish, and provide written release of information, I can talk with the psychotherapist of your choice. You have the right to end therapy at any time. If you would like, I can provide names of therapists who might be helpful to you. If you threaten or cause harm to me, my office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services within a reasonable time is another condition for termination of services. If this happens, please contact me to make payment arrangements.

***Digital Communication Policy***

This section outlines my policies related to digital communication. As new technology develops there may be times I need to update this policy. If I do, I will provide you with an updated policy. If you have questions about anything in these policies, please ask.

I prefer to use digital communications only to arrange or modify appointments (for example: cancellations, changing times or dates, running late, weather-related changes to appointments). Please be mindful that digital communications are not completely secure nor confidential. While I keep my phone, devices, and computer password-protected and communications encrypted, the communications are retained in the logs of your and my internet service providers. It is unlikely that someone will be looking at these logs, but they are available to be read by the system administrator(s) of these service providers. You should also know that digital communications can become part of a legal record. Emails received from you and sent to you may become a part of your clinical record. Please do not use emails for emergencies because I have limited hours in which I check my emails.

If you need to reach me between appointments, the best way to contact me for urgent matters is by phone or text on **317.506.7115**. Please let me know that you’d like to set up a time to talk by phone. You can also leave a voicemail message on 317.247.1060. I do receive these voicemails when I’m out of the office but not as quickly as 317.506.7115.

I do not accept friend or contact requests from current or former patients on social networking sites (such as Linked In or Twitter). I believe that adding patients as friends or contacts on these sites can compromise confidentiality and privacy. It may also blur the boundaries of a therapeutic relationship.

I will not conduct electronic searches about you unless there is an emergency when information obtained about you may protect you from harm. If I have reason to suspect you are in danger and you have not been in touch with me through our regular communications, there might be an occasion when using an online search becomes necessary to ensure your welfare. These are rare occasions and, if they occur, I will discuss it with you when we next meet. If you should use search engines to seek information about me, I recommend that you limit that to only professional searches and discuss any concerns that you may have about me at our very next session. Viewing online activities without consent and without an explicit arrangement for a specific purpose could have a negative effect on our working relationship. If there are things from your online life that you want to share with me, please bring them into our session when we can view them together.

Location-based services: Many people use location-based services to enable friends to follow their itinerary via their mobile phones. Please note that your use of location-based services may inform your friends that you are visiting a therapist, thus jeopardizing your privacy.

Consumer review sites: Some clients choose to post publicly available comments on Web-based review sites such as Healthgrades or Yelp about therapy services. Please be aware that posting comments on these websites may compromise your privacy and confidentiality. Of course, you have the right to express yourself on any site that you wish. Due to confidentiality, I can not respond to a review. I urge you to take your privacy as seriously as I take my commitment of confidentiality to you. Also be aware that there is a good possibility I may never see something that you post on a website.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide that we are not a good match. None of this is meant to keep you from sharing that you are in therapy with me. Confidentiality means that I cannot disclose that you are a patient but you are welcome to talk with anyone you choose about being in therapy.

If you have questions or concerns about any of these policies, please bring them to my attention so that we can discuss them.

***Informed Consent:*** I have read and understood the preceding statements. I will have an opportunity during my sessions to ask questions and I agree to enter into a professional psychotherapy relationship with Veronica K. Needler.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Edited 3/20/2019