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INFORMATION AND INFORMED CONSENT FOR MY CLIENTS

This packet is designed to answer some frequently asked questions about my practice and our relationship, so please read carefully before you sign on the last page. As you read, please feel free to mark any sections, which are unclear to you or write in any questions which come to mind so we can discuss them at our next meeting.

1. Psychological Treatment

You can only make wise decisions about entering into psychotherapy if you have enough information and a clear understanding of how psychotherapy works. Let me discuss some aspects of psychotherapy as I see it.

Effective therapy requires your very active involvement and effort to change your thoughts, feelings and behaviors. You will have to work both in the therapy hours and in-between sessions. There are no instant, painless, or passive cures; no "magic pills." Instead there will be homework assignments, exercises, writing, and perhaps other projects. Change will sometimes be easy and swift, but more often it will be gradual and need to be practiced.

So that we know exactly where we are going, I will ask for regular reviews of our progress. If treatment is not progressing, I cannot ethically continue working with you and may suggest that you see another therapist or professional in addition to (or instead of) myself. For example, I may suggest that you see a physician for evaluation or prescription of medications, or attend self-help group meetings. I will fully discuss my reasons for any recommendations with you ahead of time so that we can come to an agreement. I have found that my counseling model is most akin to Cognitive-Behavioral psychotherapy. Much of my work with patients centers upon their basic (core) assumptions and beliefs about the world and their place in the world.

I often take notes and ask my clients to take notes, both during and after the session. In addition, I will develop homework assignments with you. These assignments are a critical component of personal change and I expect them to be completed.

As a part of our working relationship we will need to specify the goals, methods of treatment, risks and benefits of treatment, the approximate time commitment involved, cost and other aspects of your particular situation. Based upon this, we will collaboratively design a treatment path and we will modify the plan as you progress in treatment.

As with any powerful treatment, there are both benefits and risks associated with psychotherapy. Risks might include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness; recalling unpleasant aspects of your history; and experiencing difficulties with other people. However, psychotherapy has been repeatedly and scientifically demonstrated to be of benefit for most people and in most situations. Benefits might include the lifting of a depression, and no longer feeling afraid or angry. You may experience a significant lessening of distress or anxiety. You may be better able to cope with social or family relationships, and so receive more satisfaction from them. You may better understand your personal goals and values and thus grow as a person.

Therapy involves a considerable commitment of time, money, and energy. Consequently, a therapist should be carefully chosen. I strongly believe you should be comfortable and optimistic with the therapist you choose. If, at any time, you wish to consult with another therapist or get another opinion, do not hesitate to ask. I will assist you in finding a suitable professional.

You have the right to ask me about other treatments for your condition and their risks and benefits. If you could benefit from any treatments I cannot provide, I will be happy to assist you in obtaining those treatments.

2. Meetings and Fees

I usually schedule 50-minutes for the first introduction and information gathering session and then meet at about weekly intervals for 50-minutes each time. I will inform you in advance of my vacations or any other reasons I may not be in the office. Feel free to ask about my schedule when making your own plans. Typically, I provide brief therapy. Most probably, we will meet for two or four months and then less often over several more months.

Your session time is reserved for you. Reality does not always allow us to keep our promises, but a canceled appointment is an interruption in our work. I am rarely able to fill a canceled hour unless I have a week's notice. I will make our meetings a first priority and ask you to do the same. An appointment is a commitment to our work and a contract between us in which we each agree to be here and on time.

I cannot rightfully bill your insurer for appointments that are scheduled but not kept. In order to offer a cancelled appointment hour to another client I need at least twenty-four hours advance notice from you. Outside of illness or catastrophic events, I anticipate that you will keep our scheduled appointments. If you cancel a scheduled appointment with less than twenty-four hours notice or "no show" (for reasons outside of those described) you will be responsible to pay my customary private client fee of \$180.00.

In any professional relationship, payment for services is an important issue. This is even more true in therapy where clarity of relationships and responsibilities is one goal of treatment. My current regular fee for therapy for everyone is ***\$180 per 50-minute session***. In unusual circumstances we may, before the end of our first meeting, negotiate other arrangements.

3. Billing and Insurance

I would greatly prefer that you pay for each session at the beginning of our meetings. I have found that this arrangement will assist us on keeping our attention focused on our goals and it also allows me to keep my fees as low as possible as it reduces bookkeeping costs.

If you have health insurance which may pay a portion of my fee, I will help you with your insurance claim forms. However, please bear in mind that you are responsible and not your insurance company, for paying the fees we agree upon. If the third party you ask me to bill does not make timely payment, then payment will be expected from you (the patient) or the referring parent.

As a Licensed Psychologist my services for evaluation and psychotherapy may be partly reimbursable to you under many health insurance plans. Read your plan carefully, because for some plans you may need to get a physician's referral for psychotherapy, which must be dated before we meet. Because there are many insurance companies in the state, I cannot tell you what your plan covers. Read your Plan's booklet under coverage for "Outpatient Psychotherapy" or call their office to get the information you need. You are responsible for verifying your insurance coverage, deductibles, reimbursement rates, co-payments, and other aspects as the contract is between you and the company.

Managed Health Care Plans (HMO's, PPO's) often require advance authorization before they will reimburse for mental health services. These plans are often oriented toward a short-term treatment approach. It may be necessary to seek additional approval after a certain number of sessions. Some managed care companies will not allow me to provide services to you once your benefits have been exhausted. If this is the case, I will do my best to find you another psychologist who can help you.

You should be aware that some insurance agreements require you to authorize me to provide clinical information such as diagnosis, treatment plan, and a clinical summary. This information will become part of the insurance company files. All insurance companies claim to keep such informational confidential, but once it is in their hands, I have no control over what they do with it. If you request it, I will provide you with a copy of any record that I submit.

I am a panel provider for a limited number of insurance companies. If I am not a panel provider under your insurer, the fee *per session is \$180.00*. Yet, by submitting a receipt (superbill) that I will provide to you on a monthly basis, you may be able to gain partial reimbursement from your insurer. Please see my handout entitled, "Dealing With Your Insurer and Out of Network Benefits."

If there is any problem with my charges, billing, your insurance, or any other point, please bring it to my attention and I will do the same with you. Such problems can interfere greatly with our work and must be resolved openly and without delay.

4. Contacting Me

Out of consideration for others, I do not take calls when I am with a client. As soon as possible I return messages. I cannot always be reached by phone immediately. Generally, messages will be picked up and calls returned daily, except weekends and holidays. As a condition of treatment you need to know that I maintain limited availability for emergency coverage. In a dire emergency, if you cannot reach me, you might call your physician, or go the nearest emergency room and ask for the psychiatrist, psychiatric resident or house officer on call. Another good resource to contact would be the San Luis Obispo County Mental Health Department at 805-781-4275 or 800-838-1381. I have found, in most cases, that telephone counseling is ineffective. If you need more than five minutes to resolve an issue, it is better to make an appointment.

5. Confidentiality

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. In general, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is legally protected, by state law and my profession's ethical principles.

If your psychological treatment involves marital/couple therapy, open communication will be required. The holding of secrets between you and your spouse/significant other will not advance the progress of treatment. To provide informed care I will need the freedom to openly discuss, with each of you, the comments made by the other. Consequently, if there is personal information that you do not want passed onto or discussed with your spouse/significant other---please do not bring it up with me.

There are two situations in which I might discuss some aspects of your case with another colleague and I ask for your understanding and agreement to let me do so. First, when I am away from the office for a few days I have a trusted fellow therapist "cover" for me. He or she will be available for emergencies and thus needs to know about my patients. Second, I occasionally consult with colleagues or specialists (who are also ethically required to maintain your confidentiality). On occasion I like to consult with other colleagues concerning how to best serve my patients. I conduct this consultation without using identifying information so that your privacy is protected. I am requesting that you give me permission to seek such consultation without obtaining a specific consent for each occurrence. If I feel that a consultation is needed with identifying information, I will obtain separate permission from you.

There are three other situations in which I must, by law, tell others of what you tell me: when I believe you intend to harm yourself or another person, when I believe a child has been or will be abused or neglected, and when I believe that an elderly adult or dependent adult has been abused or neglected. If you have concerns about confidentiality, please raise them with me so that we may resolve them and proceed with our work together.

Except with insurance, as described above, I do not and will not disclose anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and a signed Release of Information Form. The clerical staff does not have access to my clinical records. On some occasions, as part of their cost containment efforts, insurance companies may ask for more detailed information regarding your symptoms, diagnosis, and my treatment methods. I will let you know if this should occur. My policy is to provide the minimum information necessary for you to obtain reimbursement.

6. Termination

Termination is inevitable. It should be handled carefully since it can be a valuable part of our work. Either of us may terminate treatment if we believe it is in your best interest. Often we will mutually plan termination and I welcome discussing this. If you would like to discontinue therapy, I strongly recommend that we meet for at least one session after you wish to terminate in order to review our work together, discuss our goals and accomplishments, and consider any future work to be done.

7. Your Case Records

You have the right to review your records in my files at any time to make additions or corrections and to obtain copies for other professionals to use (only with your written permission, of course). I will keep your case records in a secure place for 7 years after we last meet.

8. Contact Person

Please provide information regarding your closest relative whom I should contact in the event of an emergency.

Name: _____ Relationship to you: _____ Phone (____) _____ - _____

Address: _____

9. My Background

Because patients are often curious, but may be reluctant to ask, I have listed my credentials below. If you wish more information on my background or training, please feel free to ask. I have earned academic degrees from Seattle Pacific University (Bachelor of Arts in Psychology, 1981) and Colorado State University (Masters of Science in Psychology, 1987; Doctor of Philosophy in Psychology, 1990). My clinical internship was completed at Denver General Hospital. I have been a licensed psychologist in California since 1992. I worked as a Senior Supervising Psychologist at Atascadero State Hospital and I taught as an Adjunct Professor at Chapman University.

10. Complaint procedures

If you are dissatisfied with any aspect of our work, please raise this with me immediately. If you feel that you have been treated unfairly or unethically by me or any other therapist and cannot resolve this problem with me, you may contact the California Board of Psychology (1-866-503-3221). Of course, I anticipate that we would be able to resolve any difficulties between ourselves.

11. The Internet, Email, and Social Media

I do not subscribe to social media sites (Facebook, LinkedIn, Twitter). Even so, it is possible that you may find my psychology practice on sites that list varied health providers. Some of these sites include forums for users to rate and review their providers. These sites typically comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. Please be aware that it is unlikely that I authorized the posting of my business information on a site and therefore it may not be accurate or updated.

Please also know that these listings are NOT a request for testimonial, rating, or endorsement from you as my client. I subscribe to the American Psychological Association Ethics code which states that it is unethical for psychologists to solicit testimonials. Of course, you have the right to express yourself on these sites if you choose. For reasons of client confidentiality, I cannot respond to any review (positive or negative) on these sites. Please consider your own confidentiality if you are considering using such a review site.

The best way to reach me is by telephone via live conversation or voicemail. I only use texting for administrative purposes such as scheduling appointments. I have found that extended communication via texting or email is vulnerable to misunderstanding and a lack of clarity. In a similar manner I only use email only for administrative purposes such as arranging or changing appointments or to relay payment/insurance information. Please do not email me personal content related to your therapy sessions, as email is not completely secure or confidential. I will be happy to respond to personal content in person at our next therapy appointment. Yet, if you use email to contact me, be aware that all emails are routinely retained in the repositories of your and my Internet service providers. While it is unlikely that someone may look at the details in these logs, they are in theory, available to be read by the system administrator(s) of the Internet service providers. Lastly, in the interest of continuity of care I put a printed copy of any email correspondence in your file.

12. Teletherapy

Teletherapy has the same purpose and intention as psychotherapy sessions that are conducted in person. Teletherapy involves the use of internet/electronic communications as an avenue of providing psychological care. Teletherapy provides clients, whom for various reasons (not feeling well, family illness, care needs of children or elderly, working from home) may have difficulty attending in-person sessions.

Yet, the process of meeting online is different from sessions in the office. For example, non-verbal communication may be more difficult to observe, facial expressions may be more difficult to interpret, and fluctuations in tone and voice may all appear altered and this may effect the therapeutic process between us.

So, some clients may have specific needs that are a better fit for in-person treatment vs. online sessions. We will discuss the advantages/disadvantages of online vs. in-person sessions so you may receive the best care possible. For online sessions I use Theranest (a HIPPA compliant platform that meets standards for protecting individual Protected Health Information). Yet, even with these robust safeguards, it is important to recognize that no entity or platform can guarantee absolute security or confidentiality when it comes to digital transmission.

I strongly recommend that our initial intake session occur in the office. This will allow us to make a collaborative and informed decision on whether online therapy might be a good option for you and our work together.

13. Additional points

Although I share this office setting with other therapists, each of us operate independently and is solely responsible for the quality of the care he or she provides.

Like any health care professional, I have an ethical responsibility and personal willingness to answer professional questions which you raise. I fully abide by the Ethical Principles of the American Psychological Association and of this state.

14. Agreement

I, R.E. Morey, Ph.D., having no reason to believe that this client is not fully competent to give full consent to treatment, and believing this client fully understands the issues raised above because I have personally informed the client of the above stated issues and points, discussed them, and responded to all questions raised, agree to enter into psychotherapy with this client as indicated by my signature here:

_____ Today's date is ___/___/20__

I, the patient, have read (or had read to me) the issues and points stated above, discussed them where I was not clear about them, had my questions fully answered, and understand and agree to comply with them, and agree to enter into psychotherapy with this therapist as indicated by my signature here:

_____ Today's date is ___/___/20__