

INFORMED CONSENT

Chris Heffner, PhD, PsyD

Clinical and Consulting Psychologist

WA License PY60518621

Email: Chris@ChrisHeffner.com | Phone: 206-659-8016

Welcome to my psychotherapy practice. This document constitutes an informed consent for treatment and psychotherapy contract. You should read it carefully and raise any questions and concerns prior to signing.

PSYCHOTHERAPY

Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychotherapy is individualized to meet your specific needs and there are no guarantees as to what you will experience as a patient. Because therapy often involves discussing unpleasant aspects of your life, you may also experience uncomfortable feelings like sadness, guilt, anger, or frustration.

Our first session will involve an evaluation of your needs. Toward the end of the evaluation, we will discuss what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

COACHING AND PSYCHOTHERAPY

In addition to providing psychotherapy, I also provide psychological coaching. Although I am held to the same ethical standards as a licensed psychologist, there are a few distinctions. The primary foci of psychotherapy are identification, diagnosis, and treatment of mental and nervous disorders. The goals of psychotherapy include alleviating symptoms, understanding the underlying dynamics that create symptoms, changing dysfunctional behaviors that are the result of these disorders, and developing new strategies for successfully coping with the psychological challenges that we all face.

The focus of coaching is the development and implementation of strategies to reach client-identified goals of enhanced performance and personal satisfaction. Coaching may address specific personal issues or projects, life balance, job performance and satisfaction, or general conditions in the client's life, business, or profession. Coaching utilizes personal strategic planning, values clarification, brainstorming, solution-focused interviewing, motivational interviewing, and other counseling techniques.

Unlike psychotherapy, coaching does not involve diagnosis or treatment planning and cannot be reimbursed by or submitted to health insurance. It is my opinion that coaching and psychotherapy are distinct relationships so I will enter into only one and will offer referrals if needed for the other.

PROFESSIONAL FEES

My fee for a typical 45-minute session is \$_____. I charge \$_____ per hour, in 15-minute increments, for my time beyond this. Other billable services will be agreed upon and can include report writing, telephone conversations lasting longer than five minutes, and preparation of treatment summaries. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I also charge a copying fee of \$2.00 per page for records requests.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. I am an in-network provider for some insurance providers, but not all. You may request reimbursement from your provider, but you are ultimately responsible for all fees associated with your treatment.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

CONTACTING ME

I am often not immediately available by telephone but will respond to voice and text messages as soon as possible. Emergencies should be directed to 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

CONFIDENTIALITY [for adult patients]

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. There are exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or is at risk of harm, I am required by law make a report to the appropriate agency. If I believe that a patient is threatening serious bodily harm to another, I am also required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

Our psychotherapy relationship can be terminated at any time, but I will always maintain your confidentiality regardless of our professional work together. You can request a hard copy of this agreement or retrieve a digital copy online via my website at <http://chrisheffner.com>.

By signing below, you state that you have read this informed consent and agree to its terms.

Printed Name: _____ Date of Birth: _____

Phone Number that can be used in our work together: _____

Is it okay to text to this number: YES / NO

Email that can be used in our work together: _____

Home Address: _____

Emergency Contact Information: _____

Insurance Provider: _____ Member ID: _____

Patient's Signature

Today's Date