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INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of 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 of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

About Me and My Approach to Therapy

- In my capacity as an independent Psychologist in private practice for myself, I am neither an employee of, nor supervised by Mid-Valley Professional Services Corp. (MVPSC)

- MVPSC is a Business Associate with whom I contract to provide support services and office space for my independent practice. MVPSC makes no representation about my knowledge, skills, or abilities to provide mental health services.
- I have a Psy.D. in clinical psychology from George Fox University.
- The values that I bring to my treatment orientation include a conviction that it is important to take ownership for one's choices, to live in accordance with one's values, and to recognize that one is not ultimately defined by circumstances.
- When I engage in relationship therapy, I view my primary obligation to the mental, emotional, physical, and spiritual health of the individual rather than the perseverance of the relationship in its present form, if the two are in conflict.
- Therapy does require an investment of your time and energy in order to make the process of therapy most likely to be successful. After reviewing the material in this handout with you, I start the process with an evaluation of your needs. Then, we will develop and discuss a treatment plan in accordance with your goals and aims, after which we participate in a collaborative therapeutic process to assist you towards accomplishing your goals.
- My approach is collaborative and can take a variety of forms. I am influenced by relational systems perspectives, cognitive behavioral therapy, mindfulness based therapy, problem solving approaches, psychoeducation, spiritually oriented psychotherapy (for those who seek this). In therapy, I ask questions, make observations, explore thoughts, feelings, family history, and behaviors.
- I give feedback, provide alternate thoughts for consideration, and recommend other resources.
- Since I am not a physician and do not prescribe medications, I may also suggest that you consult with a physical health care provider regarding medical treatments that could help your problems.
- I may also suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. Of course, you have the right to refuse anything that I suggest.
- By the end of our first or second session, I will tell you how I see your case at this point and how I recommend we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on. Then, with my knowledge, skills, abilities and care, I will do what I can within the scope of professional ethics and boundaries to help you achieve the goals you bring to therapy.
- You normally will be the one who decides when therapy will end, with three exceptions.
 - If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract.
 - If I am not able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.
 - If you do violence to, threaten (verbally or physically), or harass me, the office, or my family, I reserve the right to terminate you unilaterally and immediately from

treatment. If I terminate you from therapy, I will offer you suggestions for other sources of care, but cannot guarantee that they will accept you for therapy.

MEETINGS

After the evaluation session, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 60-minute session per week or on a flexible schedule, at a time we agree on, although some sessions may be longer or more frequent. Your scheduled time is reserved for you. Once an appointment hour is scheduled, you will be expected to pay for it unless you contact the office to reschedule or cancel at least 24 hours in advance of your appointment. Insurance companies do not absorb costs incurred for missed appointments so please keep track of your scheduled appointment time.

PROFESSIONAL FEES

My fee for our first meeting (Intake Assessment) is \$235. My fee for a 60 minute session is \$160. In addition to appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by administrative support staff during business hours who know where to reach me. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Mid-Valley also provides a doctor on call after hours and on weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

CONFIDENTIALITY

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. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

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, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be 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.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing

you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, understand and agree to all of the provisions contained herein. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process to insurance companies. I agree to pay the stated fees according to the policy stated above. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Deborah L. Galindo, Psy.D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Galindo.

Printed _____ Name _____ of
Client: _____

Client Signature: _____ Date: _____

Witness: _____

I have reviewed with this client all terms in the Informed Consent Form:

Signature of therapist: _____ Date: _____