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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 and let me know if you have any questions when we meet. Once signed, this document will represent an agreement between us.

### **About Therapy**

Psychotherapy varies depending on the personalities of the psychologist and patient, and the particular problems involved. I may use many methods to help with the difficulties you hope to address. Psychotherapy 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 significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and substantial 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.

### **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. My approach to therapy is drawn from many influences, with significant elements of relational psychoanalysis and Acceptance and Commitment Therapy (an off-shoot of Cognitive Behavioral Therapy), as well as spiritual integration for those requesting it. The processes I use are likely to include dialogue, interpretation, reframing, awareness and attention exercises, and metaphor. I may also suggest that you consult with a physical health care provider regarding medical treatments.

### **Emergency Coverage**

I have 24-hour on-call coverage that is available for messages or assistance, if needed, after office hours. As always, if you are experiencing a crisis and are unable to reach me or a level of care to ensure that you remain safe through your crisis, you should immediately *contact 911 or the Psychiatric Crisis Center at 503-585-4949.*

Read and acknowledged by \_\_\_\_\_ (Initials)

**About Confidentiality**

In general, the privacy of all communications between a patient and a psychologist is protected by law, 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 act 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 need to file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I also may need 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 need 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.

**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 parents 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. 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 summarize our work together for your parents, and we will discuss it before I talk with them.

**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, and 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. I agree to pay the stated fees according to the policy stated in the *Welcome Letter* contained in this packet. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Andrew G. Kenagy, 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. Kenagy.

Printed Name of Client: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian (if applicable) \_\_\_\_\_

Parent/Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Read and acknowledged by \_\_\_\_\_ (Initials)