



## AGREEMENT AND CONSENT FOR PSYCHOTHERAPY SERVICES

*Please read the following information carefully and sign where indicated below:*

**I. ABOUT YOUR PSYCHOLOGIST:** Dr. Todd E. Linaman earned his B.A. in Psychology from the University of Arizona, his M.A. in Marriage, Family and Child Counseling from Azusa Pacific University, and his Ph.D. in Clinical Psychology from The Fielding Graduate Institute. He is a Licensed Psychologist and Licensed Marriage and Family Therapist. Dr. Linaman is not a physician, so if medication is requested or recommended, you may be referred to a medical doctor.

**II. CONFIDENTIALITY:** Information disclosed within sessions and written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law or in emergencies affecting your safety, the safety of others or national security. NOTE: We cannot be responsible for the confidentiality or privacy practices of any health insurance company or other agency or provider with whom we legitimately share information. Most instances of when the law requires disclosure with or without your permission are described in more detail in our Notice of Privacy Practices. You may review or request a copy of that Notice at any time.

**III. THE PROCESS OF THERAPY/EVALUATION:** Psychotherapy can result in various benefits, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. Effective therapy requires your active involvement, honesty, and openness to changing your thoughts, feelings and/or behavior. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing discomfort or strong feelings like anger, sadness, worry or fear, or experiencing anxiety, depression, insomnia, etc. Therapy can, at times, result in changes that were not originally expected or intended, and sometimes a decision that is positive for one participant is viewed quite negatively by another. Change will sometimes be easy and swift, but more often it will take time and may even feel frustrating. There is no guarantee that psychotherapy will yield positive or desired results, however research has shown that psychotherapy in many cases is beneficial.

**A. Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Dr. Linaman will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives, and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Linaman's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Linaman does not provide, he will make recommendations or provide referrals as appropriate.

**B. Refusal/Termination:** Dr. Linaman does not accept clients he does not believe he can help, but will offer referrals to an appropriate source of help if he must refuse. Once you begin working with Dr. Linaman, if at any point you or he assess that your therapeutic goals are not being met, he will discuss it with you and, if appropriate, terminate treatment. You have the right to terminate therapy at any time, and if you wish, Dr. Linaman will provide you with names of other qualified professionals whose services you might prefer. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Linaman will help you find someone qualified, and, with your written consent, he will provide her/him with the essential information needed.

**C. Dual Relationships:** If you are in contact with Dr. Linaman outside the office, either personally or in business context, he will never acknowledge working therapeutically with you without your written permission. If contact outside of therapy is desired or unavoidable, he will discuss with you the potential complexities, benefits, and/or difficulties that may be involved prior to entering into the dual relationship. If the dual relationship becomes uncomfortable for you in any way, or if Dr. Linaman finds it interfering with the effectiveness of the therapeutic process or the welfare of the client, it will be critical for you and him to discuss the situation and possibly discontinue the dual relationship.

**IV. TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr. Linaman between sessions, please leave a message at (520) 219-8377 and your call will be returned as soon as possible. Please indicate it clearly in your message if the situation is urgent. For emergencies only, you may call Dr. Linaman's cell phone at (520) 256-5228 or the Help on Call 24-hour crisis line at (520) 323-9373. In a life-threatening emergency, dial 911 first.

**V. FINANCIAL RESPONSIBILITY:** Clients are expected to pay the standard fee of **\$150.00 per 50-minute session** at the time of each session unless other arrangements have been made. Telephone calls, site visits, report writing/reading, consultation, release of information, longer sessions, travel time, etc. may be charged at the same rate as appropriate. Please notify Dr. Linaman if any problem arises during the course of therapy regarding your ability to make timely payments. If your health insurance is being billed for your therapy, please remember that some issues, conditions, or services may not be covered by your policy. It is your responsibility to verify the specifics of your coverage and pay for uninsured services. There is a \$20.00 fee for returned checks.

**A. Cancellation:** We do not routinely call with appointment reminders; therefore it is your responsibility to remember your appointments and arrive on time. Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Appointments missed, canceled with less than 24 hours notice, or shortened because of late arrival, will be charged at the full session rate. Missed appointments are not covered by insurance.

**B. Insurance Assignment:** Unless the full fee is paid in advance, all insurance benefits are to be assigned to Dr. Linaman. (Please sign authorization below.)

**CONSENT: I have read the above Agreement carefully. I agree to its terms, understand my personal and financial responsibilities and hereby consent to treatment with Dr. Linaman:**

\_\_\_\_\_  
Print Client / Responsible Party Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client / Responsible Party Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client / Responsible Party Name  
Date

\_\_\_\_\_  
Signature

**INSURANCE ASSIGNMENT: I/We authorize release of information required for processing insurance claims for services by Dr. Linaman, and further authorize benefits to be assigned directly to him.**

Authorized signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY POLICY: I have been given the opportunity to review and/or received a copy of the Notice of Privacy Practices and understand that I may request a copy at any time.**

\_\_\_\_\_  
All Signers Initial