

DR. KATHERINE L. WILSON, PSY.D.
Licensed Clinical Psychologist PSY 30173
Licensed Marriage & Family Therapist #83814

5750 Sunrise Blvd. Ste 130-F, Citrus Heights, CA 95610
Phone: (916) 715-9069
drkatelwilson@gmail.com

INFORMED CONSENT FOR PSYCHOTHERAPY & PSYCHOLOGICAL SERVICES

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other identifying information.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) *are confidential*. However, parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. Consequently, I may discuss the **treatment progress** of a minor client with the parent or caretaker, but not details that would decrease trust between the minor and me. Clients who are minors, and their parents, are urged to discuss any questions or concerns that they have on this topic with me.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Videoconferencing Sessions

I offer clients in the state of California the ability to conduct sessions via VSee for the highest possible security and confidentiality of the content of your sessions. In order to benefit from these safeguards, the client is required to download, register, and utilize the video software from VSee.com. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. For more information about VSee's security and privacy, please visit: <https://vsee.com/hipaa>.

I will maintain records of videoconferencing sessions and/or consultation services. These records can include reference notes, copies of transcripts of chat and Internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the California Board of Psychology. *You will be asked in advance for permission before any audio or video recording would occur on my end.*

Clients who are experiencing suicidal ideation may not be ideal candidates for videoconferencing sessions. If I think you will be better served by another form of psychotherapy services (e.g., face-to-face, in person sessions), even if videoconferencing sessions have already begun, I will either refer you to participate in face-to-face sessions with me, or another therapist who can provide such services in your area. If you are in a crisis, emergency, or you are considering seriously injuring yourself or others, you will agree to dial 911 or go to the hospital.

About the Therapist

I have a Doctor of Psychology Degree in Marriage and Family Therapy and a Masters Degree in Marriage and Family Therapy from California School of Professional Psychology, Sacramento. I have been practicing as a clinician for approximately 10 years. I am a Licensed Clinical Psychologist (PSY 30173) and a Licensed MFT (#83814). I have completed weekend 1 of 2 weekend trainings for EMDR certification but this modality is not one that can be utilized via telehealth. If you have any questions about my background or experience, please feel free to ask.

Fees

If you are paying privately, the fee for your service is: \$180 per therapy session. A session is 45-50 minutes. Insurance Clients: Please note at this time I accept Optum, Magellan, and State of California EAP.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled weekly or bi-weekly (depending on medical necessity) at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice in advance, you are responsible for the fee of entire session, \$180. Please initial here to indicate your agreement with the fees, scheduling, and cancellation policies_____.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

| | | |
|----------------------|---------------------------|------|
| Client Name | Client Signature | Date |
| Client Name | Client Signature | Date |
| Parent/Guardian Name | Parent/Guardian Signature | Date |
| Parent/Guardian Name | Parent/Guardian Signature | Date |
| Clinician Name | Clinician Signature | Date |