

Randy Walton, Ph.D.
Licensed Clinical Psychologist

INFORMED CONSENT FOR PSYCHOTHERAPY

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 to expect. This consent will provide a framework for our work together. Please discuss any questions or need for clarification with me. Please read and indicate that you have reviewed and agree to this information by signing at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. Fifty years of research unequivocally demonstrates that psychotherapy/counseling (i.e., therapy) work. However, everyone is different and I cannot promise that your behavior or circumstance will change. I can promise to help clarify what you would like to achieve or change through therapy, to use my skills, experience, and knowledge to help you achieve the results you want, and to track and discuss your progress throughout therapy so we can identify and reinforce positive changes, and make adjustments to treatment if improvements are not reported.

Therapy is a collaborative process, and research has demonstrated that a good "fit" or "match" between therapist and client is an essential factor in achieving a positive outcome. Consequently, throughout therapy I will seek feedback from you about whether I am addressing your needs and whether the approach I am using is helpful for you, and I will make an effort to adjust what I am doing to meet your needs and achieve the results and outcome you desire. If we determine that therapy is not helping, or that we do not have a good "fit", I will assist you in exploring other alternatives.

The outcome of your treatment also relies on your willingness to engage in the therapy process, which may at times be uncomfortable or upsetting. Making changes, even positive changes, can be difficult and unsettling. Remembering unpleasant events and becoming aware of emotions attached to those events can elicit feelings of anger, depression, anxiety, etc. If uncomfortable feelings and experiences occur as part of therapy, I will do my best to provide support, understanding, validation, and strategies to help you manage and productively resolve them.

Confidentiality

The session content and all relevant materials to your treatment will be kept confidential by me, unless you request in writing to have all or portions of such content released to specifically named person/persons. However, there are certain limitations to client held privilege and confidentiality which are summarized below, and outlined in more detail in the "Notice of Privacy Practices" which I have provided to you:

1. I have a "duty to protect", which means I will take steps to address threats of suicide, homicide, or serious bodily harm, which may include release of confidential information.
2. "Mandatory reporting" requires that I report suspected child, elder, or dependent adult abuse to appropriate authorities.
3. I am required to comply with legally authorized disclosures, including subpoenas or court orders.
4. I may release information about your treatment as part of the treatment payment process and health care operations.

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INFORMED CONSENT FOR PSYCHOTHERAPY (CONT.)

Occasionally I may 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.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is important 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. I will not engage in any lengthy discussions in public or outside of the therapy office.

Fees

I charge a fee for services I provide. The fees I charge are listed below, and are based upon prevailing rates for the same services charged by other therapists in this area. The fee is billed to your insurance company; the insurance company determines the fee it allows for the service (I accept this allowable fee, which is typically less than the fee submitted) and then pays a portion of the allowable fee. You are responsible for the remaining portion of the allowable fee, which is represented by your copay or coinsurance amount under your insurance plan. Following are the fees I submit to the insurance company:

Initial Evaluation - \$175

Psychotherapy - \$125 (38-52 minutes; this is the usual rate I charge for therapy sessions)

Psychotherapy - \$150 (53+ minutes)

E-mail Reminders

If you like, I can provide automated appointment reminders to you via e-mail. I limit the amount of information in appointment reminders, but please be aware that the e-mail appointment reminders I send are unencrypted and may be read by others who have access to your e-mail. The e-mail reminder contains the following information:

"Hello [your first name]. This is an automated e-mail reminder. You have an appointment with Randy Walton on [Date] at [Time]. Please call me at 757-229-9286 if you would like to cancel or reschedule. Thanks. Randy Walton"

If you would like e-mail appointment reminders, please initial here _____

Other contact

To contact me outside the office, please call the main office number (757-229-9286) or send correspondence by mail to the address below. If I am not available when you call, please leave a message and I will try to respond by the next business day. For more immediate needs, call 757-876-7009 and I will respond as soon as possible. For life threatening emergencies which require immediate response, call 911

My signature indicates that I have read and understand this Informed Consent for Psychotherapy, and that I have received a copy of this form if desired.

_____ Signature _____ Date