

INFORMED CONSENT FOR PSYCHOTHERAPY

** indicates a required field*

Please review this document in its entirety. It explains what therapy is and how it is done in my practice. If you have any questions pertaining to anything you read here, please bring it to my attention for discussion.

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual, business agreement. The relationship is based on your willingness to disclose your most personally guarded secrets to a veritable stranger. Given this, it is important for us to reach a clear understanding of how our relationship will work and what each of us can expect out of the therapeutic relationship. 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.

I have read and understood the content of the section GENERAL INFORMATION. _____

I consent to sharing information provided here.

THE THERAPEUTIC PROCESS

Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction or conversation, to help a person change behavior and overcome problems in desired ways. Psychotherapy aims to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that we are partners in the therapeutic process. You have the right to agree or disagree with my beliefs, opinions, or recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. When entering into therapy you should be aware of these possible outcomes:

* During evaluation or throughout the therapy process, recalling or talking about unpleasant events, feelings, or thoughts can result in experiencing discomfort or strong feelings, or experiencing anxiety, depression, insomnia, etc. You may not necessarily walk out of a session feeling as good as or better than when you came in.

* Some of your assumptions or perceptions may be challenged, or proposals of different ways of looking at, thinking about, or handling situations may be offered, and these may cause you to feel very upset or challenged.

* Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships or the dynamics therein, may result in changes that were not originally intended.

* Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Change may sometimes be easy and swift, but more often it will be slow and even frustrating. Therapy offers no “quick fixes” and sometimes one will feel worse before feeling better. For every person it is different.

*** The goal of therapy is to achieve a positive outcome (i.e. improvement in your life situation), however, there is no guarantee that intended results will be attained. ***

Knowing this, you can choose to undergo psychotherapy, or not. Ask yourself, “Why am I here? How will therapy help me?” It is best to identify how therapy will serve you before you start the therapeutic process than to try to figure it out as you go. This can be achieved by asking questions. Remember, you can choose to leave therapy at any time. You don’t even need a reason. If you choose to leave, will your life situation remain as it is now? Do you want it to stay that way? If not, then talk therapy may be a solution for you, but not the only one. You are the sole arbiter of whether or not therapy will serve you.

I have read and understood the content of the section THE THERAPEUTIC PROCESS. _____

I consent to sharing information provided here.

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. However, there are circumstances in which (the least amount possible of) confidential information may be disclosed:

* As a licensed therapist, I am a mandated reporter for the state of California. If I have reasonable suspicion of abuse of a child under 18, an elder 65 or older, or a dependent & vulnerable adult, I am legally required to report my suspicion to the appropriate designated agency.

* If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a risk of incurring serious bodily harm, I have a responsibility to make a good-faith effort to protect the life of the client.

* If a client makes a serious threat of bodily harm or death to another person or threatens to damage their property, I have a responsibility to protect the intended victim(s).

* If a court of law issues a legitimate order for information stated on a court order, I am obligated to meet the requirements of that order.

* If I need to consult with other professionals in their areas of expertise in order to provide the best treatment for you, then I may share information about you in this context, however, without the disclosure of personally identifying information.

* In a medical emergency (for example, you pass out in my office and I call 911), I may provide the minimum necessary confidential information to the responder so that you may receive treatment.

CONFIDENTIALITY WITH MINORS

Communications between therapists and patients who are minors (over 12yo, but under 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

I have read and understood the content of the sections **CONFIDENTIALITY** and **CONFIDENTIALITY WITH MINORS**.

I consent to sharing information provided here.

TELEHEALTH (VIDEO SESSIONS)

I offer therapy in the form of video sessions ("telehealth"), but this is strictly a stopgap measure for interim sessions offered to existing clients who are unable to get to my office due to unforeseen circumstances. I will not provide video sessions as a sole modality for treatment. If you are interested in using telehealth as a therapy modality, please let me know so we can discuss how it can be used. If you think video therapy sessions would be beneficial to you, please consider the following:

- * The telehealth service I use with my practice adheres to the required HIPAA security standards.
- * Although you may benefit from telehealth sessions, there is no guarantee that they will yield positive or intended outcomes, or results similar to in-office sessions.
- * There are risks and consequences from using telehealth. Sessions may be interrupted or the transmission distorted as a result of technical failures. If we cannot maintain a sufficiently clear audio and video connection while using telehealth, I will recommend terminating video sessions and returning to in-office appointments.
- * Telehealth-based services may not be as complete as in-person services. Through video sessions, I may not be able to see non-verbal communication or other sensory observations that I am able to experience in person.
- * I have a professional responsibility to evaluate if I believe you are being best served by telehealth therapy. If I determine telehealth is not an effective means for providing therapy sessions to you (for example, someone in your proximity keeps interrupting our session), I will make this recommendation and terminate the use of this means of communication. If you choose to withdraw consent for ongoing sessions because you prefer telehealth, I will do my best to provide you with a referral if you want one.
- * Video sessions are not recorded and stored. The session is documented in a progress note just like any in-office session.
- * All laws regarding the confidentiality of healthcare information and a patient's rights to his or her medical information also apply to video sessions.
- * The limitations of confidentiality (e.g. mandated reporting of abuse, threats of self-harm or suicide, etc) also apply to video sessions.

I have read and understood the content of the section TELEHEALTH (VIDEO SESSIONS). _____

I consent to sharing information provided here.

TERMINATION OF TREATMENT

* Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

* Should you fail to appear for two consecutive appointments, unless other arrangements have been made in advance, I will consider the professional relationship discontinued. To reinstate, please call the office and schedule an appointment.

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. As long as it is safe for both of us, I will make an effort to discuss terminating therapy with you. Optimally, we mutually agree to end therapy. For the most part, you can decide when you want to terminate. You can end therapy at any time and you don't even need a reason. At the same time, the decision to end therapy can also be mine. If in the course of treatment I determine that our continuing therapy may not be good for either one or both of us, I have an ethical responsibility to let you know, work with you to find an appropriate referral, and end therapy. Should this course of action need to happen, it will take place after consultation with other professionals and careful consideration, but all of this can occur outside of your knowledge.

I have read and understood the content of the section TERMINATION OF TREATMENT. _____

I consent to sharing information provided here.

OTHER IMPORTANT CONSIDERATIONS

Q: Can we be Facebook friends, Twitter co-followers, or share on social media platforms?

A: No. Sharing our social media profiles blurs the boundary between our respective privacies and creates a risk for a dual relationship (e.g. therapist and friend). I really don't need to know what goes on in your personal life outside of what you bring into your sessions. Social media profiles are private. I do not review my client's social media profiles unless the client is present and we determine that such review will be beneficial to the therapy process.

Q: Can we end therapy and just be friends or start dating?

A: No. Once I begin to serve you in a professional capacity (which starts at the initial phone call), friendship or romantic involvement is out of the question. Erotic attraction is a natural part of being human and can occur as a part of the therapeutic process. We can explore erotic attraction in therapy as it may help you develop a better understanding of yourself as you relate to others.

Q: How long will therapy take to complete?

A: Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is my goal to assist you in effectively

addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Q: What is my diagnosis?

A: You are welcome to inquire about your diagnosis at any time during a session and we can discuss how I arrived at it. I prefer to avoid using diagnostic labels because the label itself does nothing to bring about change. It only provides a name for a list of diagnostic criteria. However, if I am billing your health insurance plan for payment, I am required to provide a diagnosis in order to collect payment.

Q: Can my health insurance plan terminate my therapy?

A: No, therapy cannot be terminated by your health insurance plan. The Plan can terminate payments for therapy services, but you can continue sessions if you are willing to pay for them out of pocket. We can discuss this in greater detail should a change in your health plan coverage come to your attention.

Q: What happens if I run into you at the mall or a public place?

A: 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 I feel it would not be appropriate to engage in any lengthy discussions in public or outside of the therapy office.

I have read and understood the content of the section OTHER IMPORTANT CONSIDERATIONS. _____

I consent to sharing information provided here.

ABOUT THE THERAPIST

Ryan Buchmann has been a licensed marriage and family therapist in California since 2011. He started counseling in 2004 as a pastoral counselor with the Catholic Diocese of San Diego. He has a masters degree in Marriage and Family Therapy from the California School of Professional Psychology at Alliant University and another master's degree in Pastoral Care and Counseling from the University of San Diego. Ryan is also certified as an alcohol and drug abuse counselor through the California Consortium of Addictions Programs and Professionals (CCAPP). Ryan uses Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) as the primary part of his treatment process, although other therapeutic techniques may be implemented. Feel free to ask questions about these theoretical orientations at any time during your sessions.

BY CLICKING ON THIS CHECKBOX, I AM AGREEING THAT I HAVE READ AND UNDERSTOOD THE CONTENT OF THIS INFORMED CONSENT DOCUMENT. _____

I consent to sharing information provided here.