

*Jane C. Woodward, LICSW*  
*Licensed Psychotherapist*  
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**Ph. (603) 312-1206**

Informed Consent

Client Name \_\_\_\_\_

Following are the basic tenets of the Psychotherapist-Client Services Agreement. I encourage you to discuss each and every item with me if and when you have any questions.

1. CODE OF ETHICS

As a licensed Clinical Social Worker, I am governed by the Code of Ethics of the National Association of Social Workers. Copies of this code are available in my waiting room.

2. CONFIDENTIALITY

Under New Hampshire law, communications between a client and licensed psychotherapist are privileged (confidential) and may not be disclosed without the specific authorization of the client except under specific, limited circumstances. For example, the privilege does not apply in a civil commitment proceeding in which the issue is whether the individual is a danger to self or others.

Specifically, when working with minors, what they say in individual treatment is confidential between them and myself, unless it involves a safety issue. I will therefore ask their permission before discussing any specific statements they make to me, with a guardian. A guardian always has the right to know the general themes being discussed, the diagnosis, and whether I think progress is being made. The minor may, of course, discuss anything they like with their guardian about treatment.

3. REPORTING REQUIREMENTS

Among the exceptions to confidentiality are New Hampshire reporting laws which require licensed psychotherapists to report to the appropriate authorities certain types of conduct. For example, "any person having reason to suspect" abuse or neglect of a child or incapacitated adult must report that to the State. Another statute requires licensed psychotherapists to warn the police or likely victims

of a client's "serious threat of serious violence against a clearly identified or reasonably identifiable victim" or property. There are other reporting laws.

#### 4. MINORS

The treatment of a minor must be authorized by a parent of the minor (with some exceptions). Although communications between a client and a licensed psychotherapist are confidential as described above, either parent of the minor (even a noncustodial legal guardian) has the right to access and authorize release of the information. When a child turns 18, the control of treatment and treatment records reverts to the child. If this is a concern, please discuss it with me before starting treatment.

#### 5. MAINTAINING PROFESSIONAL BOUNDARIES

Psychotherapists are obligated to maintain appropriate professional boundaries (relationships) with current and past clients. These boundaries may differ depending on the circumstances, but certain boundaries clearly must never be crossed. For example, a therapist should not become sexually involved with a client. Reports of such misconduct should be directed to the New Hampshire Board of Mental Health Practice at 603-271-6762. Also, psychotherapy never involves business, social, or any other dual relationship that might impair clinical objectivity, effectiveness or a client's welfare.

#### 6. COST OF SERVICES

My billing rate is \$110.00 per 45 minute session, and \$150.00 for intakes. Please see the reimbursement agreement for further details. My billing policy is as follows: Whenever possible I like to be paid at the time we meet. When required by your insurance company, I will submit insurance forms for you. Otherwise, you will receive a bill to submit to your insurance upon your request.

#### 7. CHARGES FOR ADDITIONAL SERVICES

I bill at \$150.00 per hour for ancillary services such as phone calls longer than 10 minutes, or preparing for and participating in legal matters relating to your treatment.

#### 8. LIMITS OF AVAILABILITY AND PROVISIONS FOR EMERGENCY COVERAGE

I am available by cell phone for messages and emergencies. However, because I am a solo practitioner it is not possible for me to be available at every moment. Naturally, if you feel that there is an actual emergency or impending crisis and I cannot be reached, go to your nearest hospital's emergency room for assistance. When I am on

vacation I will arrange for a colleague to cover my practice and will supply you with all of the necessary names and numbers.

#### 9. RECOMMENDED TREATMENT

At the beginning of the therapeutic relationship, and throughout your treatment as appropriate, I will discuss my recommendations for treatment. You are encouraged at all times to ask whatever questions you may have about the recommended treatment. My approach is a combination of Interpersonal, Cognitive Behavioral and Developmental Theories. A potential benefit is a reduction of the presenting behavioral and experienced symptoms. A potential risk is no improvement. An alternative treatment method would be psychoanalysis, with its attending potential benefit of improved insight into the problems. A potential risk is no change. With no treatment at all, a potential benefit is spontaneous remission, and a potential risk is no improvement.

#### 10. MANAGED CARE

Most managed care companies limit the number of sessions for which a psychotherapy client may be reimbursed. Clients are encouraged to communicate with the managed care company about such limitations before starting treatment. Any concerns about the confidentiality of managed care records should be directed to the managed care company. If an insurance claim is denied and/or the benefit has run out, fees will be as stated above.

#### 11. ELECTRONIC COMMUNICATIONS

Some insurance companies require that I send billing and other information electronically (e.g. by facsimile or email). I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately, so that we can determine how to proceed. Also, I do occasionally receive email directly from my clients. Again, I cannot guarantee the confidentiality of such communications.

#### 12. NATURE AND SCOPE OF PRACTICE

My practice is a general psychotherapy practice. I see individuals from age 4 up, as well as some family therapy.

#### 13. CANCELLATIONS AND MISSED APPOINTMENTS

One important element for an effective therapeutic outcome is for us both to set our appointment times as a priority. Cancellations are discouraged for both therapeutic and scheduling reasons. Since the scheduling of an appointment involves the reservation of time specifically for you, a no show will result in a charge for the session,

i.e., \$110.00. Less than 24 hour notice will result in a charge of \$40.00. Exceptions to this policy will be when weather is severe enough to close the public schools.

#### 14. LENGTH OF SESSIONS

Meetings are typically 45 minutes in length.

#### 15. LATE ARRIVALS

I reserve the right to do other things with my time if you are more than 15 minutes late, and I haven't heard from you.

#### 16. PHYSICAL EXAM

If you have not had a full physical in the last year, I strongly recommend that you get one. Sometimes physiological problems lead to, or worsen mental health problems. In addition, if your treatment would be assisted by medication, your PCP may be able to prescribe it for you.

Please know that I am open to any questions about this.

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

Updated 3/12/13