



Informed Consent Agreement for Psychotherapy Outpatient Services

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us. My name is Dr. Jennifer Christy Thrash. I go by my middle name, Christy, but my credentials are listed under my legal name as stated above. I hold a masters' degree in social work and a doctorate degree in clinical psychology. I am a licensed psychologist in the state of Colorado. I am the clinical director of Thrash & Associates, LLC. As of 10/01/17, I am a sole practitioner who is currently recruiting associates.

Psychological Services

Psychotherapy is a relationship between people that work in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your licensed psychologist and mental health treatment provider, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risk may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life. Psychotherapy also has been shown to have benefits for individuals who participate in it.

Psychotherapy often leads to a significant reduction in feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. To be most successful in treatment, you will have to work on things we discuss outside of therapy sessions.

The first one to two sessions will involve an evaluation of your treatment needs. By the end of these intake sessions, I will be able to give you my first impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan

(also called a Willingness and Action plan). You should evaluate this information and make your own assessment about whether you feel comfortable working with me.

If you have questions about my procedures, we should discuss them whenever they arise. As a client, you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. My fees are listed on a separate sheet in this packet entitled "Schedule of Fees."

My areas of special expertise include treatment of adolescents with behavioral and emotional problems, and family treatment in general. My approach to family therapy is called Attachment Based Family Therapy. This model of family therapy includes a small number of individual sessions with the adolescent and the parents, in addition to family sessions where I see everyone together. The goal is for adolescents to strengthen relationships with their parents rather than focusing solely on developing their relationship with the psychotherapist. I often see families that include step-parents and grandparents. I utilize a clinical treatment approach designed specifically to address the needs of blended families.

I also have experience working individually with adults of all ages who are experiencing problems related to mood disorders, anxiety disorders, and trauma. My overall approach to individual therapy is called Cognitive Behavioral Therapy. This type of psychotherapy utilizes evidence based interventions from the specific modality known as Cognitive Behavioral Treatment (CBT), as well as Dialectical Behavior Treatment (DBT), and Acceptance and Commitment Therapy ("ACT") models of treatment. The techniques that I use include dialogue, cognitive reframing, exploring values, setting obtainable goals, self-monitoring logs, mindfulness practices, visualization, and other related exercises that my clients practice both in session and at home.

Appointments and Duration of Treatment

Individual sessions for both adolescents and adults are typically 50 minutes, once per week or bi-weekly, as determined by the client's initial treatment plan. (Please note the treatment plan is a fluid document that may change as treatment progresses.) I also offer 80 minute individual sessions. Please inform me at least one week ahead of time if you wish to change the frequency and/or length your appointments.

The duration of treatment is highly individual and depends on the severity of the issues being addressed. A general estimate of the duration of individual treatment would be 8 to 10 weeks of weekly individual sessions. Family treatment sessions are offered at 50 minutes, 80 minutes, and 110 minutes per session. The length of family sessions depends on the number of people attending and the nature of the problems that clients wish to address. The duration of family treatment runs longer than the course of treating a single individual, since changes in family systems tend to occur more slowly. Thus, the typical course of family therapy is usually between 12 and 16 weeks.

Your Responsibilities as a Therapy Client

You are responsible for coming to your sessions on time and at the time we have scheduled. If you are late, we will end on time so as to not run over into the next person's session. You will be billed for the full session. If you miss a session without canceling, or if you cancel with less than 24 hours' notice, you must pay for the missed session at our next regularly scheduled meeting. The only exception to this rule about cancellation is if you would endanger yourself by attempting to come to my office on that particular day. For instance, if you had to drive on icy roads, or if you or a family member whom you care for has become seriously ill. Please note, you will not be able to submit the cost of a missed session to your insurance company for reimbursement. If you miss two sessions in a row without calling me to cancel ahead of time, and you do not respond to my attempts to reschedule, then I will assume that you have dropped out of treatment and will make that appointment time available to another individual.

I normally take telephone calls from clients that are 15 minutes or less for free. However, if we spend more than 15 minutes in one week talking on the phone, if you leave more than 15 minutes' worth of voice mail messages in one week, or if I spend more than 15 minutes reading and responding to emails from you during the week, then I will bill you for consultation and/or case management utilizing my hourly rate. Of course, you may request a 15 minute or 30 minute telephone consultation with me if you have questions about a specific issue that cannot wait, or if you are going to miss a session and would like to check in. These telephone consultation sessions will be billed to you using my hourly rate.

Please see the Fee Schedule (a separate form included in this packet) for information regarding the cost of treatment sessions. My practice is fee for service. This means you are responsible for paying for your sessions at the time of the appointment, unless we have made other arrangements in writing. In terms of methods of payment, I am able to accept credit cards and debit cards (chip cards and magstripe cards), smartphone contactless payments, in addition to cash and personal checks. Any checks that are returned for nonsufficient funds will incur a \$30.50 processing fee per bounced check.

I am not willing to have clients run a tab with me. I cannot accept barter for therapy. I do not accept health insurance reimbursement. However, I am able to provide you with receipts that you may submit to your insurance company if you plan to request reimbursement for treatment and you are able to use me as an out of network treatment provider. Any overdue bills will be charged 1.5% interest per month. If you eventually refuse to pay the money owed to me, I reserve the right to give your name and the amount due to a collection agency.

Finally, you have the right to considerate, safe, and respectful care, without discrimination or bias. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with current clients or with former clients.

Confidentiality

Please review and sign the “Notice of Privacy Policies” that is included in your intake packet. This document explains my policies regarding client confidentiality. It is important that we discuss any questions or concerns you may have about confidentiality at our next meeting. I will be happy to discuss these issues with you and provide clarification whenever possible. However, if you need specific clarification or advice that I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. If you request, I will provide you with the relevant portions or summaries of the state laws regarding these issues.

Transferring and/or Terminating Treatment

You may seek a second opinion from another psychotherapist at any time. I respectfully request that you inform me if you plan to continue psychotherapy with a different treatment provider, as it can be confusing and problematic when unaffiliated mental health treatment practitioners are providing individual or family therapy to the same clients. You may terminate psychotherapy with me at any time. I respectfully request that you give me one week’s notice of your wish to terminate treatment so that we may have time for a closing session.

Complaints and Grievances

If you are unhappy with what is happening in your treatment, I hope you will talk about it in session with me so that I can respond to your concerns. I will treat such criticism seriously, and with care and respect. The practice of licensed psychologists in the field of psychotherapy in Colorado is regulated by the state's Department of Regulatory Agencies, also known as DORA. If you wish to file a complaint or grievance about the psychotherapy you have received from me, you may submit your complaint online to DORA's division of Professions and Occupations at the state of Colorado website (colorado.gov). The mailing address is: 1560 Broadway, Suite 1350, Denver CO 80202. Please be informed that in a professional relationship, such as between a client and a psychotherapist, sexual intimacy is never appropriate, and should be reported to DORA.

Contacting Me

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call within 24 hours (with the exception of holidays and vacations). If you are difficult to reach, please leave a few times when you will be available in the voicemail. If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your family physician or the nearest hospital emergency room. I will provide you with the name and telephone number of a colleague to contact if I will be unavailable for an extended period of time.

Parking & Directions to My Office

My office is located in downtown Colorado Springs at 102 East Pikes Peak Ave, Suite 306-A. It is in a high rise building on the corner of East Pikes Peak Ave and Tejon Street. There is metered parking in front of the building, which is typically free after 6:00 pm. Hourly parking is available at the adjacent parking lot. Less expensive hourly parking is located at the city parking garage one block east of my building. That entrance is on Kiowa Street, between Tejon Street and Nevada Ave. My psychotherapy practice is listed in the building's lobby as "Thrash & Associates" in order to protect your privacy. Please take the elevator to the third floor. Exit the elevator and turn right. At the end of the hall, turn right and continue past the restrooms. Go through the entrance with the gold sign above it that says, "Suite 306." My waiting room is immediately to your left. Please have a seat. Help yourself to bottled water or coffee. I will have a sign on my door indicating if I am with another client. I will greet you in the building's lobby if you have an evening appointment. A key is required to operate the elevator after 6:00 pm.

Client Consent to Psychotherapy

I have read this agreement. I had sufficient time to review this document carefully, ask any questions that I needed to, and I comprehend it. I understand my rights and responsibilities as a client, and my psychotherapist's responsibilities to me. I agree to undertake treatment with Thrash & Associates, LLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Thrash.

Signed: _____

Date: _____

Printed Name: _____

Your signature above indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Please note – if you are **under the age of 18**, then I will have your parent or guardian sign the Parent Authorization for Psychotherapy Treatment of a Minor Child.

Updated: 10/01/17