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Informed Consent to Treatment

Welcome to my practice. I have prepared this information regarding your rights and the benefits and limitations of psychological treatment so that you may give fully informed consent should you decide to proceed with psychotherapy. The guidelines and wording of this document have been drawn up according to recommendations from the Board of Psychology of California. Feel free to discuss any concerns or questions you may have after reading it through. When you sign this document, it will represent an agreement between us.

The Process of Psychotherapy

Work in therapy is a joint effort; progress and length depend on many factors, including motivation, life circumstances, and the nature and severity of the problems for which you are seeking help. Talk therapy is one of many approaches available for addressing psychological problems, and it may not resolve the difficulties with which you are concerned. There are treatment alternatives that we can discuss during our initial sessions. Although it is designed to be helpful, therapy may at times be uncomfortable or emotionally painful, and the potential exists for disruption in your life when change occurs. Your participation in psychotherapy is voluntary and you are free to withdraw or to seek consultation from another professional at any time. I will also refer you to another therapist if I believe that my professional training makes me unqualified to deal with a specific problem for which you are seeking help.

Payment and Cancellation

Once we agree on regular appointment times, I will reserve those hours for you and expect payment for them. If you want to schedule planned absences or vacation you may do so for up to 4 weeks per year and not be charged for those sessions (so that I can expect payment for held spaces 11 mos. out of the year). I will give you advance notice of my vacations or planned absences and, likewise, you will not be charged for those sessions. If you wish to cancel other appointments and give me 48 hours notice, you will not be charged for them if we are able to reschedule within the week. If you are not able to reschedule a cancelled appointment, you will be charged for that session. If you are not able to come into the office due to illness or other emergency I do also conduct phone sessions.

Confidentiality

Privacy is a basic right of any individual who seeks psychotherapy. Information from our sessions is confidential and legally privileged. I maintain limited treatment records, psychotherapy notes and billing information. No information will be released without written information, except under the following circumstances:

- 1) If I believe that you are in danger of physically harming yourself, I may disclose relevant information in order to maintain your safety.
- 2) If I believe that you are in danger of physically harming someone else, I may disclose relevant information in order to maintain both of yours safety.
- 3) If you disclose to me any circumstances that lead me to suspect that a child, adult or dependent adult is being neglected or abused, I will report this to a designated agency.
- 4) Should I seek consultation with a professional colleague, I will make every effort to keep your identity strictly confidential, as well as their being legally bound to maintain confidentiality.
- 5) Information and records must be provided in the event of a court order and in litigation or official proceedings as required by law.
- 6) Confidentiality and privilege do not apply between members of a couple or family in treatment. I will rely on my clinical judgment to decide whether to reveal information to participating couple/family members or to the parents of a minor in treatment.
- 7) Third party payers (e.g. insurance companies) may request information for billing, reimbursement and/or to authorize treatment.
- 8) Due to the limits of confidentiality with e-mailing I try to limit my exchanges in this modality. It is always better to call my cell below with any changes to schedule or for any more detailed exchanges.

Emergencies

My office telephone number is (510) 459-6037. You may leave me a confidential message here at any time. In the event of an emergency or crisis please leave me a message, and also contact other appropriate persons, such as Police, 911, the nearest hospital emergency room, your physician, etc. I will make every effort to get back to you as soon as possible. In the event that I am away on a planned vacation or absence, I will leave the name of another clinician on my voicemail whom you can contact for urgent consultations.

Additional Information:

I am working as a sole proprietor in my private practice.

I accept checks or cash for payment at the time of each session.

I am able to give an insurance super bill if needed for services rendered (usually at the end of each month).

Please refrain from wearing perfume and perfumed body lotions due to patient allergies.

Please also turn cell phones off during session.

Please sign below if you have read, understood and agree to these guidelines. Thank you.

Patient Name _____

Patient Signature _____ Date _____

Date of Birth _____

Address _____

Telephone and E-mail _____

Payment agreement _____