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Licensed Psychologist PSY 9077

PSYCHOTHERAPY CONSENT

I welcome the opportunity to work with you in achieving the goals for which you entered treatment. To proceed with our professional relationship, I ask that you agree to the following consent.

The therapeutic relationship is unique in that it is both 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 each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me at our next appointment. Please read and indicate that you have reviewed this information and agree to it by signing the document.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you hope to share and address. There are many different methods I may use to deal with these concerns. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience. While I cannot guarantee a specific outcome, I can promise to support you and do my very best to understand you and your challenges, as well as to help you clarify what it is that you want for yourself.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will discuss with you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. If at any point during psychotherapy I assess that I am not being effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, to terminate treatment. In such a case, he would give you a number of referrals that may of help to you.

Thoughts of quitting therapy may occur before you reach the completion of your treatment, particularly if you are in the midst of negative feelings towards me or someone else. Participation in therapy is voluntary, and you have the right to discontinue therapy at any time. In order to avoid shortchanging yourself, however, it is crucial that you immediately express your feelings and desires to Dr. Garvin rather than impulsively terminating.

CONFIDENTIALITY

In general, California law protects client/therapist confidentiality. I will only release information about you with your written permission. The exception to this is when a judge requires testimony in order to make decisions in the following areas: adoption, custody, determination of mental health condition for hospitalization, competence, malpractice, court-ordered evaluations, and legal cases where the client has died.

Additionally, I am legally required to take action under the following circumstances: if a client has threatened serious harm to another, if a client threatens to harm themselves, and if I am informed that a child, elderly person, or disabled person is being abused or has been abused. If such a situation arises in the course of our work together, I will attempt to fully discuss it with you before taking action.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if they determine that the issues demand it, and I must comply with that court order.

Occasionally I may need to consult with other professionals in their area 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 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 with you briefly, but feel it is appropriate not to engage in any lengthy discussions outside the therapy office.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. If you need further 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.

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

CLIENT SIGNATURE _____ DATE _____