



Relationship Therapy Informed Consent

Welcome to my practice. This document contains important information about my professional services and policies. Please read it carefully, and feel free to ask any questions you have. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

I am a licensed clinical psychologist with a doctoral degree in clinical psychology, and I provide a range of psychotherapy services including assessment, talk therapy and relationship therapy for couples, multi-partner relationships, D/s relationships, and other relationship styles and forms. In relationship therapy, growth, experiences, histories, environmental and systemic impacts, needs, goals, differences, conflicts, and intimacy are assessed, explored, and addressed. There are many different methods I may use to approach our work and I am trained in Gottman methods and may use them to inform activities we might do.

Relationship therapy can create significant improvements when connecting to other people, and to ourselves. The outcome of the therapy may be increased satisfaction and connection with a partnership or increased clarity about the decision to part ways. Sometimes, talking about our relationships can lead to conversations about personal or relationship histories and that can bring up overwhelming stories, feelings, and experiences.

CONFIDENTIALITY

With relationship therapy, I provide therapy, referrals, and resources that include the whole relationship. In general, the privacy of all communications between a client and a psychologist is protected by law, and I can and will only release information about our work to others with everyone's written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if they determine that the issues demand it. In custody cases, I present my assessments neutrally and will provide equal assessment and information for all parties.

There are some situations in which I am legally obligated to take action to protect you and others from harm, even if I have to reveal some information about you.

-If you described abuse towards a child, elderly person, or disabled person

-If you describe engaging in serious bodily harm towards another

-If you discuss engaging in or considering acts of serious harm or death aimed at yourself

-If you disclose that you or others have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act

I may occasionally find it helpful to consult other professionals. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work.

If partners have individual therapists, I might ask to reach out and see how we can all collaborate together. If this is the case, each partner can sign a release of information so that we are all aware that conversations will take place and are all in agreement as to what will be shared.

Sometimes we might discuss activities that are defined by our systems as illegal or might be deemed as high risk, such as use of substances, or sex work. I will always adhere to the above confidentiality policies and will not disclose any information you share unless required by law. In those events, I will limit my discussion of any activities that challenge our systems unless you consent to me doing so and we have a good reason for these disclosures.

I work with another therapist, Tim Lewis, Psy.D., as a back-up therapist. If a situation was to arise where I was ill, or unable to attend an appointment and contact you directly, he may contact you to inform you of the change and next steps in re-scheduling an appointment. In the case of an emergency, Dr. Lewis may have limited access to your information for the sole purpose of maintaining your confidentiality and preserving any documentation or records on your behalf. All attempts will be made to discuss any disclosures with you beforehand, though given the unexpected nature of health crisis' and other emergencies, I cannot guarantee such notice will be given. I can offer contact information for Dr. Lewis if I am away for an extended period of time. He will be able to offer assistance and support if you are experiencing a crisis or concern while I am away.

Additionally, I work with a billing person, Beth Jonasson, to make sure that all of my records accurately reflect what has been paid. Beth has access to your name, and if you use insurance, your address and diagnosis so she can accurately track billing matters. She does not have access to your records or any other personal information.

Divergent Worlds Psychotherapy and Consulting is my private practice. Some record keeping and payment tools used by the practice may occasionally display limited demographic details about you. No personal history or information is ever shared or available to any other practice member. All of your information will be held as confidential and we all significantly limit access to shared information.

MEETINGS

I will usually schedule one 50-minute session per week at a time we agree on, although the frequency can vary depending on need. Once an appointment hour is scheduled, you will be

expected to pay for it unless you provide 48 hours [2 days] advance notice of cancellation. Sessions are scheduled for all parties to attend, unless previously arranged and agreed on. If one member cannot attend, then we can reschedule the appointment. Additionally, if one partner is late, the session may not begin until all parties are present.

FEES

The fee for evaluation, initial interview, and 50-minute therapy sessions are based on my fee scale rates. I may also charge a portion of this fee for other professional services you may require (such as telephone conversations which last longer than 15 minutes, letters, meetings or consultations with other professionals, etc.). In some circumstances, you may become involved in litigation wherein you request or require my participation. You will be expected to pay for such professional time even if I am compelled to testify by another party.

I review fees at the end of each year, and typically adjust it by \$5-\$10 dollars based on cost of living increases. This adjustment will consider shifts to your finances and life circumstances. I may not raise the fee every year, and will discuss options if you are concerned about an increase.

Payment for each session is due at the time that it is held. Payment schedules for other professional services will be agreed to when these services are requested. If your financial circumstances change, we may negotiate a fee adjustment and you are encouraged to ask at any time if you are thinking about raising or lowering the fee. The couple or relationship is responsible for paying the fee, and the fee can be split in a way that feels comfortable for all partners.

For remote sessions, I will issue an invoice or charge a credit card. Credit card charges will be processed immediately and can be reversed if needed. Invoices have a 15-day period for payment to allow you time and space to pay, and ideally are paid after the session occurs.

I accept payment via cash, check, or credit card. I will always aim to ensure that any payment is done as securely as possible. For credit card processing I use Ivypay. Ivypay is a secure, HIPAA compliant service that allows us to have a credit card on file and automatically charge for sessions after we meet. I will enter in our session and you will receive a text message notice from "Ivy" then you complete the transaction. We can choose to use it regularly, or just to cover sessions if we can't cover them in the moment.

INSURANCE

My general approach is to not apply insurance benefits to relationship therapy, or offer superbills for reimbursement. Using insurance requires a diagnosis of one partner, and therapy focused on supporting the people and relationship around that diagnosis or related matters. This can create imbalances, particularly as therapy is starting out. If everybody agrees, there are occasionally times I might offer a superbill for relationship therapy, and you are welcome to ask about whether we can make this approach work for all of us.

CONTACTING ME

You can contact me using telephone, email, or text. I will do my best to quickly respond whenever possible, and I will make every effort to return your contact on the same day you make it, with the exception of weekends and holidays. If you have contact and scheduling preferences, please inform me of the best way to contact you and times when you will be available. If you choose to receive them, automatic reminders of your appointment will be sent to the e-mail you used when scheduling your first appointment. I will always try to include all partners in responses to questions or updates, and will respond directly to one partner if individual questions are asked. If you are unable to reach me and feel that you can't wait for me to reply, contact your primary care provider, a friend, or a support line.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally difficult, in which case I will be happy to send them to a mental health professional of your choice. I recommend that you review them in my presence so that we can discuss the contents. You may be charged an appropriate fee for any time spent in preparing information requests.

SHARING INFORMATION

I typically work with all partners together in the room at the same time. This maintains a space where everybody participates and shares in the process together. For those occasions where we may meet individually, I typically ask that the other partner(s) have the opportunity for a one-on-one-session to maintain the balance in our work.

I always aim for relationship therapy to be a place where each partner can feel comfortable disclosing what they are feeling and experiencing. Sometimes that doesn't feel safe, or is a work in process and something we will build up to. Each partner is encouraged to address challenges directly and share concerns with all partners in the course of therapy. If a partner shares something with me privately in the process of trying to work through an issue, I will not disclose these details without consent, and will work towards disclosing or addressing the situation and context. This might bring up feelings of secrecy for the other partner, and we can talk about this as it arises.

MINORS

If any person in the relationship is under eighteen years of age, the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up or minimize access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. The information provided may include information about all members of the relationship. Before giving them any information, I will discuss the matter with everyone in the relationship, if possible, and do my best to handle any objections you may have about any disclosures.

PHYSICAL HEALTH

Psychological symptoms often have a strong correlation with physical illnesses and symptoms. Sometimes, prescription and non-prescription medications can have significant side effects that may be important for us to consider. I appreciate full disclosure of all medicines and drug intake and may request a release of information so that I can coordinate services with your physician and so we can explore how health, care taking, and physical needs and limits show in up relationships.

At times I may suggest that it could be helpful to speak with a health care provider to address symptoms that appear to be impacting you. Health care systems can be difficult and overwhelming to navigate or access. I remain available to coordinate with your health care teams when relevant and necessary, and support you in connecting to care when I am able. I may also talk with you about signing a release of information so that I can coordinate services with your providers and support each of you in your health care needs. I will not coordinate with other health care providers, without explicit purpose and consent from all involved.

ENDING THERAPY

Any of you can initiate an end to psychotherapy at any time, and ideally partners agree together on a time to end. If one partner decides it is time to stop therapy, I will check in with everybody on planning our ending. The timeline for closure can vary, from one session to several depending on our length of time together, and the goals we were working on. At least one week notice is suggested so that a final session can be scheduled to explore the reasons for ending, summarize treatment, say goodbye, etc... This is often a constructive and useful process even if it feels uncomfortable. If one partner does not choose to have a termination session and one would like to, we can schedule a wrap up session where we explore the state or ending of the relationship, and address therapy closure.

CONTINUING THERAPY OPTIONS

At times, one partner in a relationship will request that we continue with individual therapy after relationship therapy has ended. I typically refer everybody to different therapists so I remain available as a relationship therapist, and sometimes we all agree that continuing with individual therapy with one person is the best choice. If one person continues in individual therapy, we can't usually return to the previous relationship therapy format. Meeting individually shifts the context and meeting for relationship therapy would no longer be balanced and equal. If this were to occur, only one person can continue in individual therapy to create an opportunity to build a therapy relationship with that one person without potential conflicts. Everybody in the relationship would need to agree as the decision impacts potential future therapy and shifts our informed consent agreements from relationship to individual. Although I couldn't provide therapy, I would remain available to all the other parties to debrief about the therapy we had and provide referrals if needed.

Please feel free to ask any questions that you might have. I look forward to working with you.