

## **Amy Torchia, PsyD**

Licensed Psychologist

PSY26438

### **Office Policies and Informed Consent for Adult and Couples Therapy**

This document contains important information about my psychotherapy practice and business policies. Please read it carefully, sign and date below, and discuss with me any questions. In signing this document, we are making an agreement about the terms and conditions under which we will work together.

#### **The process of psychotherapy: risks and benefits**

Most people who seek psychotherapy benefit from the process. Psychotherapy can be helpful in relieving temporary distress, changing behavior and problematic patterns, understanding motivations, improving relationships, clarifying and understanding personal goals and values, and improving quality of life. I use an approach that attempts to expand your ability to experience, think about, cope with, and enjoy—rather than be troubled by—your emotional life.

Psychotherapy has been shown to be an effective means of helping people of all ages in distress. However, there are no guarantees of success. It is expected that you will have a variety of thoughts and feelings during our work together. Some risks of therapy include: troubling or painful feelings such as sadness, anger, guilt, anxiety, helplessness, and frustration. These are a natural part of the therapeutic process and often provide the basis for change.

Psychotherapy involves a significant commitment in terms of effort, time, and money. It is important to keep in mind that it also requires an active effort on your part.

During the first few sessions, I will work with you to see if I am the best person to help you. During this time, you will have an opportunity to see how I work and whether you feel comfortable with me. If either of us feel that another clinician would be a better fit, I will do my best to connect you with an appropriate referral.

The length of treatment varies depending on the nature and severity of the problems as well as the individual's motivation, effort and life circumstances. I recommend combining your psychotherapy with an effort to maintain regular exercise, a healthy diet, and adequate sleep.

#### **Confidentiality**

All communication, consultation, and records concerning your treatment are confidential and this remains the case after treatment with me has ended. However, to provide the best care possible, I may need to speak with other professionals involved in your life. By signing this document you consent to my discussing information disclosed to me during your treatment with any other professionals involved in your physical or psychiatric treatment (e.g. your psychiatrist regarding medication). The information I discuss will be strictly limited to that which is clinically relevant. Whenever possible, I will discuss with you the nature and need for these conversations well before I am in contact with anyone. However, California law requires or permits me to

disclose information about your treatment without your consent under the following circumstances:

1. If you communicate to me a serious threat of harm to an identifiable person I have the “duty to protect” which may include warning that person or the police.
2. If there is a reasonable suspicion of child abuse or neglect, or abuse of a dependent adult or elder, I must make a report to the designated agency.
3. If you are dangerous to yourself or other or unable to care for yourself, I may need to seek hospitalization for you.
4. If I receive certain court orders.

If talking with other people such as family members and friends is necessary, I will get an additional written consent from you except in the case of an emergency.

When I am out of the office and another professional is available to cover urgent calls from patients, that professional may be advised of issues that could arise. I occasionally find it helpful to consult about an individual’s case with another professional; in these consultations, I make every effort to conceal the identity of the individual. In addition, the professionals with whom I consult are legally bound to maintain confidentiality.

### **Couples therapy**

Couples therapy can often be helpful in clarifying issues, improving communication, and resolving problematic interactions. However, there are times when a couple decides to separate during or after therapy.

In order for couples therapy to be most effective, it is important to feel assured of the confidentiality of the therapy sessions. This requires that both partners agree to maintain the confidentiality of these sessions if there are custody-related or divorce-related legal matters pending. Furthermore, both partners must agree that I will not be required to disclose information about these sessions in any legal matters. Finally, each member of the couple must understand and agree that I cannot keep any secrets from the other partner of the couple, that everything that is disclosed to me by one member of the couple may be disclosed to the other partner.

### **Payment for services**

My standard fee is \$190 per 50-minute session. I raise my fee by \$5 yearly.

I have some hours available for individuals who cannot pay my standard fee. Please let me know if you feel you need to discuss a reduced rate with me.

I bill at the end of each month by mail unless a different arrangement is agreed upon. The balance is due at the beginning of the first treatment session of the following month. Please notify me if any problem arises during the treatment regarding your ability to make timely payments. Significantly overdue or unpaid balances may result in the suspension of your treatment and the forwarding of your unpaid bill to a collection agency.

If you would like to apply to receive reimbursement for the payments you make for services, my bill should suffice as a statement to submit to your insurance company. Please keep in mind that

submitting mental health claims may limit your confidentiality, privacy, or future ability to obtain health insurance. It is your responsibility to verify coverage and complete any necessary paperwork and telephone calls.

### **Litigation limitation**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to matters that may be of a confidential nature, it is agreed that should you be involved in legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the clinical record be requested.

### **Cancellations**

Therapy works best when it is consistent and reliable. Once we have decided to work together and have found a regular time to meet, you are responsible for paying for this time. If you need to reschedule I will do my best to accommodate. If you need to cancel your appointment due to vacation, illness, or any other reason you are still responsible for payment unless I am able to reschedule your appointment for that week or for the following or previous week. I will not charge you for your appointment if I cancel our appointment or if I am out of the office.

### **Emergencies**

In an urgent situation you may call and leave a message for me at (415) 583-7872. I will contact you as soon as possible and will do what I can to help. In the case of potentially life-threatening emergencies, call 911 or go to the nearest emergency department. When I am away from the office for holidays or other absences another therapist provides coverage for my practice. Contact information will be available on my voicemail.

**Informed Consent for Adult or Couples Psychotherapy**

I have reviewed the information in this *Office Policies and Informed Consent for Adult and Couples Therapy*. I fully understand these forms and hereby consent to participate in psychotherapy with Amy Torchia, PsyD.

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Name Date of birth

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Signature Date

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Partner name (couples treatment only)

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Signature Date

## Biographical Information

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Name Date of birth

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Address

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Phone (primary) (secondary)

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Current medications and dosages

## Partner Biographical Information (for couples treatment only)

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Name Date of birth

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Address

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Phone (primary) (secondary)

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Current medications and dosages