

Amy Torchia, PsyD

Licensed Psychologist

PSY26438

Office Policies and Parental Informed Consent for Child and Adolescent Therapy

I am very pleased to welcome you and your child or teen to our work together. 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 children and teens benefit from the process of psychotherapy. Psychotherapy can be helpful in relieving temporary distress, changing behavior and problematic patterns, understanding motivations, and improving relationships. It is an opportunity for you and your child or teen to understand his or her experience more deeply and to make important changes so that your child can get back on a positive developmental trajectory. I use an approach that attempts to expand your child's ability to experience, think about, cope with, and enjoy—rather than be troubled by—his or her emotional life. Learning new skills and rethinking ways of dealing with difficulties are generally useful and important aspects of psychotherapy.

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 your child or teen 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 your child or teen to see if I am the best person to help them. During this time, your child or teen will have an opportunity to see how I work and whether he or she feels comfortable with me. If I or your child feel that another clinician would be a better fit, I will do my best to connect you with an appropriate referral.

How you can help your child or teen succeed in therapy

When dropping off and picking up your child or teen for therapy, it is best for us to say a brief hello/goodbye and save any information exchanges for emails or phone calls. This helps make clear that the appointment is exclusively for your child or teen. Schedule changes are best handled via email. Please make sure your child gets to therapy on time and that you are there for pick-up before the session is over. Teenagers are commonly more autonomous and may choose to negotiate their own transportation to and from treatment with your help.

In general, I tell children and teens that, while I will be speaking with their parents from time to time, I will not share specifics of our work unless the child or teen and I have agreed beforehand.

The exception—and I make this explicit if I have any sense it may be an issue—is that if I ever have information that the child or teen is suicidal or involved in any dangerous activities, I have to inform the parents. In cases where I feel I must report something a child or teen has told me in confidence, I inform him or her.

Protecting your child's privacy and keeping you informed are both important elements of the collaborative process of child and adolescent therapy. The younger your child is, the more often I will want to meet with you. Meetings with parents of teens are typically less frequent and the teen plays a role in determining when and how parents will be involved. Of course, if there is something you feel I should know, I welcome your brief calls and emails. I cannot always respond to calls and emails in depth; topics requiring more in-depth discussions will prompt me to initiate scheduling a time to meet with you in person.

As much as possible, it is best to let your child's therapy be a private place. Questions about what your child talked about or did in therapy that day can tend to be met with different responses, sometimes silence or an answer designed to please you. If your child or teen chooses to talk with you about therapy, it's great to be open and supportive of his or her decision to share. If you can, try to leave the decision of when and what to talk about regarding therapy up to your child or teen.

I recommend combining your child's psychotherapy with an effort to help him or her maintain regular exercise, a healthy diet, and adequate sleep.

Confidentiality

All communication, consultation, and records concerning your child's 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 child's life. By signing this document you consent to my discussing information disclosed to me during your child's treatment with any other mental health or educational professionals involved in your child's healthcare, education or psychiatric treatment (e.g. with your child's psychiatrist regarding medication or school counselor). The information I discuss will be strictly limited to that which is clinically relevant. Whenever possible, I will discuss the nature and need for these conversations that I have with these professionals with you well before I am in contact with anyone. However, the law requires or permits me to disclose information about your child's treatment without your consent under the following circumstances:

- 1) When there is reasonable suspicion of child abuse/neglect or evidence of elder abuse/neglect.
- 2) When a person presents an imminent and/or potentially serious danger to self or others.
- 3) In the event of certain court orders to subpoena information or records.

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.

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, I 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 child's 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 there be 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. This is especially true for child and adolescent therapy. If you need to cancel your or your child's appointment for any reason, I recommend at least one week of advance notice given to me and your child or teen.

Once we have decided to work together and found a regular time for your child or teen and I to meet, you are responsible for paying for this time. If you or your child need to reschedule, I will do my best to accommodate. If you need to cancel your child's appointment due to vacation, illness, or any other reason, I will bill you for the missed session 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. You may also call the SF Child Crisis 24-hour support line at (415) 970-3800. If you are not in crisis but you need to talk with someone immediately, TALK Line Family Support Center is another good resource: 415-441-KIDS (5437). In the case of potentially life-threatening emergencies, call 911 or go to the nearest emergency room. 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.

Parental Informed Consent

I attest that I am the parent of the minor named below, and I authorize my child to participate in psychotherapy with Amy Torchia, PsyD. I have reviewed the information in this **Office Policies and Parental Informed Consent for Child Therapy**. I fully understand these forms and hereby consent to psychotherapy for my child.

Child's name

Child DOB

Parent name

Signature

Date

Parent name

Signature

Date

Biographical Information

Child's Name

DOB

Address

Secondary Address (if applicable)

Cell (teens)

Current Medications and Dosages

Parent Name

Phone (primary)

(secondary)

Parent Name

Phone (primary)

(secondary)