

Informed Consent

Irene Matiatos, PhD, Licensed Clinical Psychologist

Date: _____

Name: _____

Welcome. This document contains important information about my professional services and business policies. Please read it carefully and feel free to bring up any questions. This constitutes an agreement between you and Dr. Irene Matiatos regarding the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated.

Nature of psychological Services

There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be able to handle the risks and experience at least some of the benefits. However, psychotherapy remains and inexact science. No guarantees can be made regarding outcomes.

Financial and Cancellation Policy

You are expected to pay for each session at the time that it is held. In financial hardship, you may negotiate a fee adjustment or installment payment plan. Missed sessions without 24-hour notice will be charged the self-pay or insurance rate unless negotiated otherwise.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and a therapist; I can release information to others about your therapy only with your written permission. However, there are exceptions: a client is a danger to self / others, a court orders a release of information, a client initiates a malpractice lawsuit; when a client is a minor, under 18 years of age, parents have the rights to therapeutic information; a child or elder is abused or neglected, an elderly person is abused or neglected, insurance/managed care requests a diagnosis and / or relevant clinical information. Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Signature and Date:
