

# *Sample Informed Consent Language*

## *Sample 1:*

This handout provides some basic information about psychological/psychiatric/social work/counseling treatment. Please read the information carefully. Ask any questions you may have. When you are satisfied that you have reviewed and understood the information, please sign the bottom of the form.

### **Length of Treatment**

Psychotherapy usually involves regular sessions, usually of about 50-minutes in length. The duration of treatment (number of sessions) varies depending on the kinds of problems and your own individual needs.

### **Confidentiality**

Information shared with a psychologist/psychiatrist/social worker/counselor is typically allowed to be kept confidential and is rarely disclosed without your written permission. Confidentiality is not guaranteed in cases of (a) danger to yourself or others (e.g., homicide or suicide), or (b) situations in which children are endangered (e.g., sexual or physical abuse or neglect). At any time in the future, if you voluntarily raise the issue of your mental condition in a legal setting, information about your treatment may be released.

### **Fee Policies**

The ordinary charge for an individual or joint therapy session is \$\_\_\_\_\_. If you need to cancel an appointment, 24 hours notice is expected -- otherwise you will be charged for the appointment. Please be aware that your insurance company will probably not pay for cancellation charges.

If you carry mental health insurance coverage, our office will bill your carrier and help you with insurance reimbursement. However, please be aware that charges are your responsibility. In addition, any copayment necessary should be made at the time of the session.

Telephone consultations, preparation of records, and correspondence are billed at the rate of \$\_\_\_\_\_/minute if substantial time is required. Court testimony and testing charges are variable; please discuss these as necessary.

Our office reserves the right to engage the services of a collection agency in the event of unpaid balances; charges for collection efforts also become your responsibility.

### **Emergencies**

When Dr./Ms./Mr. \_\_\_\_\_ is unavailable, arrangements can be made for coverage or telephone consultation as necessary. The after-hours telephone number at the office is \_\_\_\_\_.

### **Physician Contact**

Physical and psychological symptoms often interact, and we encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological disorders. When appropriate, referral for psychiatric consultation can be arranged.

### **Freedom to Withdraw**

You have the right to end therapy at any time and are obligated only to pay for completed sessions. If you wish, Dr./Ms./Mr. \_\_\_\_\_ will provide you with names of other qualified professionals.

### **Informed Consent**

I have read and understood the preceding statements, have had the opportunity to ask questions about them, and agree to begin treatment with Dr./Ms./Mr. \_\_\_\_\_.

## *Sample 2*

### **INFORMATION YOU HAVE A RIGHT TO KNOW**

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When you come for therapy, you are buying a service to meet to your needs. Of course, you need good information about therapy to make the best choice for yourself and your family. So that you get all the information you need to know, I have written down some questions you might want to ask me to about how I do therapy. We may already have talked about some of them. You are allowed to ask me any of these questions and I will try my best to answer them for you. If you don't understand my answers, or if I have left something out, or you have more questions, just ask me again. You have the right to complete information about therapy.

#### **A. About Therapy**

1. What will we do in therapy?
2. What will I have to do in therapy?
3. Could anything bad happen because of therapy?

4. What will I notice when I am getting better?
5. About how long will it take for me to see that I am getting better?
6. Will I have to take any tests? What for? What kind? What will they cost?
7. What percentage or fraction of your clients with my kind of problem get better?
8. What percentage or fraction of your clients get worse?
9. What percentage or fraction of people with the same kinds of problems I have improve or get worse without this therapy?
10. About how long will therapy take?
11. What should I do if I feel therapy isn't working?

## **B. About Other Therapy and Help**

1. What other types of therapy or help are there for my problems?
2. How often do these methods help people with problems like mine?
3. What are the risks or limitations of these other therapies or programs?

## **C. About our Appointments**

1. How will we set up our appointments?
2. How long will our sessions last?
3. How can I reach you in an emergency?
4. If I can't reach you, to whom can I can talk?
5. What happens if I can't come because the weather is bad or I'm sick?

## **D. About Confidentiality**

1. What kinds of records do you keep about my therapy?
2. Who is allowed to read these records?
3. Are there times you have to tell others about the personal things we might talk about?

## **E. About Money**

1. What will you charge me for each appointment? Do I have to pay more for longer ones?
2. When do you want to be paid?
3. Do I need to pay for an appointment if I don't come to it or call you and cancel it?
4. Do I need to pay for telephone calls to you?
5. Will you ever raise the fee that you charge me? When?
6. If I lose some of my income, can my fee be lowered?
7. If I do not pay my bill, what will you do?

