

Informed Consent For Evaluation And Treatment

This document contains important information about the professional services and business policies of Kristian Menotti, LCSW. Please read it carefully and feel free to discuss any concerns you may have.

Confidentiality: I take your privacy very seriously and comply with Federal and California state laws regarding confidentiality of client information. I will minimize the amount of information shared without your express consent, however there are certain circumstances in which I may disclose details of your care including, but not limited to:

- I may share information about your assessment and treatment with other members of your EAP company and its affiliated partners in order to improve your experience and guarantee that I am providing you with the most effective care possible. You may let me know that you do not want your information shared in this way verbally and in writing.
- If there is suspected elder, dependent adult, or child abuse or neglect.
- If, in my judgment, you are in danger of harming yourself or another person, or are unable to care for yourself.
- If you communicate to me a serious threat of physical violence against another person; in these circumstances, I am required by law to inform both potential victims and legal authorities.
- If I am ordered by a court to release information as part of a legal proceeding.

The Process of Psychotherapy: The process and outcome of psychotherapy may vary depending on the particular problems addressed, the personalities of the therapist and client, and various other factors. In order for therapy to be successful, you will need to make an active effort both during and outside of your sessions. While I cannot predict exactly what your experience will be like, I am committed to providing you with the most professional and ethical treatment possible.

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships, resolution of specific problems and positive personal change. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable and intense feelings like sadness, guilt, anxiety, frustration, and anger. In addition, it may result in changes that were not originally intended (such as divorce or remaining in a relationship you believed you would leave). Change can often happen quickly, but may also occur more slowly. There are no guarantees about what you will experience. My role is to help guide you through the therapy process by offering emotional support, actively listening to your concerns, asking relevant questions, providing treatment plans and recommendations, and monitoring your treatment progress. Your sessions may focus on processing what underlies problematic thoughts, feelings, and behaviors and work towards more effective ways of coping.

During your first session, we will discuss the reasons you are seeking therapy, goals you would like to achieve, and any background information related to your presenting concerns. In subsequent sessions, we will work collaboratively towards achieving your goals of therapy. This may include completing questionnaires at the beginning of treatment and periodically throughout to assess progress and homework assignments between sessions. If at any point you are unhappy about the progress, process, or outcome of the treatment, please communicate this to me.

Throughout therapy, you will work with me to assess whether your goals are being met and/or whether they require revision. There are many different methods we may use to deal with the problems that you hope to address. I strive

for genuineness and a nonjudgmental stance in all of my patient relationships. However, if at any time you feel that you are not connecting or I have misunderstood you in an important way, please bring this to my attention.

Missed Appointments and Cancellations: Please provide at least 24 hours advance notice of cancellation. If you are unable to attend your scheduled appointment due to circumstances beyond your control, please contact me directly via email or phone so I can reschedule your appointment to a more suitable time. Once an appointment is scheduled, you will be expected to attend unless you contact me to reschedule.

Telephone & Emergency Procedures: If you need to contact me between sessions, please leave a message on my voicemail (919-696-4712) and your call will be returned as soon as possible. I check voicemail regularly during business hours and will make every effort to return your call by the next business day. In a crisis, please call 911, go to the local emergency room, or contact crisis intervention services (National Suicide Hotline 1-800-273-8255). Please do not use email or leave a phone message if you are experiencing an emergency.

If you experience an emergency during your sessions, or if I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever possible within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, I may contact the person whose name you have provided on the biographical sheet as your emergency contact.

E-Mail and Text Communication: Please use email only for non-urgent matters, such as rescheduling appointments. Please limit text messaging to rescheduling appointments but know this is not a secure form of communication. If you have concerns about your texting and privacy, please do not engage me in this form of communication. I use an encrypted email service to send you homework, videos, or articles to read in between sessions. You will need to create a password and log in to receive this encrypted information. If you decide to send questions or topics to discuss for the next session, I try to review it before you meet again to inform your discussion.

Social Media: Due to the importance of your confidentiality, I do not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). I believe adding clients as friends or contacts on these sites can compromise your confidentiality and privacy. If you have questions about this, please bring them up during your session.

Billing and Payments: Fees are established prior to commencement of treatment. Sessions are 50 minutes unless otherwise specified. Payment (cash or check) is expected at the time of service. Checks can be made out to Kristian Menotti, LCSW. If for some reason you are unable to continue paying for your therapy, you should inform me. I will help you consider any options that may be available to you at that time. Fee for services may be subject to change in the future and I will notify you of any changes.

If you are using EAP (Lyra, Concern or ComPsych) fees for your sessions will be paid for by your sponsoring employer as long as you are eligible, subject to any limits under your benefit plan, and as long as sessions are considered clinically appropriate. Please inform me of any changes to your EAP benefits as I do not check on eligibility, EAP vendor changes, benefit year eligibility, etc. Please note that certain professional services outside of the presenting problems, such as chart preparation requests and participation in legal proceedings, may be outside the services paid for by your sponsoring employer and may incur additional fees. Any additional fees will be discussed and agreed upon when they are requested.

Disability Paperwork and letters: I do not complete short or long term disability paperwork nor do I write letters for clients of any kind for any reason.

Progress and Outcomes/Lyra EAP Only: To monitor your progress and inform your treatment, I collect regular outcomes data from you. You'll be asked to share your personal email address with me so I may work with Lyra Health to collect feedback on our sessions. Lyra will periodically send you an email on my behalf asking questions about progress towards your goals. You are not required to provide this data in order to continue your sessions with me.

Research, Writing, Teaching: I may conduct internal research, training, and supervision. I may use information about you and your treatment in any of these ways. I may also prepare publications for professional and/or lay audiences, and may use information about your treatment in an anonymized way for these publications.

Length of Therapy: Evidence-based treatments, or treatments that have been rigorously tested and proven to be helpful, typically are shorter-term treatments than general counseling or the general provision of support. Most clients notice some initial changes or relief within the first six sessions of treatment. Your course of treatment will be individualized depending on the intensity and duration of your presenting concerns, your level of engagement and active participation in the treatment plan, and the specific nature of your concerns.

Treatment Termination: You may withdraw from treatment at any time. I recommend you discuss your plan to terminate treatment with me before taking action, so I have an opportunity to offer recommendations.

If at any point during psychotherapy I assess that the sessions are not effective in helping you reach your therapeutic goals, I will discuss this with you and, if appropriate, terminate treatment. In such a case, I will work with you to identify alternative options.

If you do not keep your scheduled appointments and do not respond to communications from me, I will assume you have elected to terminate your treatment. If this occurs, and you wish to resume your treatment, please contact me to re-initiate therapy.

TREATMENT AGREEMENT

I have read and understood this agreement. Please discuss with me any concerns you have about information shared in this agreement. By continuing your sessions with me you accept and agree to abide by the contents and terms of this agreement and consent to participate in evaluation and/or treatment.

Patient Signature: _____

Patient Name: _____

Date: _____