

**Kelly Bernstein, MS, LCDC, LPC**  
**Medical Center Psychological Services**  
*7272 Wurzbach Road, Suite 1504*  
*San Antonio, Texas 78240*  
*Office: (210) 522-1187 Fax: (210) 647-7805*

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**Informed Consent for Treatment/Assessment  
Signature Form**

This form is to document that I, \_\_\_\_\_, have read the detailed informed consent document provided (see attachment) and give my permission and consent to Kelly Bernstein, MS, LCDC, LPC to provide psychotherapeutic treatment and/or assessment to me and/or \_\_\_\_\_ who is/are my (spouse/child/children) \_\_\_\_\_.

While I expect benefits from this treatment/assessment process, I fully understand that because of factors beyond our control or other factors, outcomes cannot be guaranteed (as detailed in the attached).

I understand this treatment/assessment process may involve discussing relationships, psychological, and/or emotional issues that may at times be distressing. However, I understand that this process is intended to help me, either personally and with relationships or in the forensic realm. I am aware of alternative treatments available to me.

Ms. Bernstein has answered all of my questions about treatment/forensic assessment satisfactorily. If I have additional questions, I understand that she will either answer them or attempt to find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with Ms. Bernstein. I also understand that if I am involved in a forensic evaluation, I may not have the liberty of discontinuing the assessment process without the Court's approval.

I have read and understand the above information. By signing below, I agree to allow my picture and that of the children to be taken for the files.

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Client/Responsible Party

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Date

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## **Informed Consent and Information about Your Appointment**

*Welcome to my practice. This document contains important information about my professional services and business practices. **Please read it carefully and jot down any questions you might have so that we can discuss them.***

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patients' rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPPA requires that you be provided with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. This Notice, which is attached to this Agreement, explains HIPPA and its application to your personal health information in greater detail. The law requires that you acknowledge, by signature, that you have been provided with this information. **Although these documents are long and somewhat complex, it is very important that you read them carefully.**

**Purpose and Nature of Services to be Provided:** Psychotherapy is not described easily in general statements. It varies, depending on the personalities of the therapist, client and on the particular problems you or others in your family experience. There are different methods used, singularly or in combination, to deal with problems that clients want to address. Psychotherapy is not like a medical doctor's visit. Instead, it calls for a very active effort on you, the client's, part. In order for the therapy to be most successful, you will have to work on things that we talk about, both during and outside of sessions.

Psychotherapists help clients with mental/emotional difficulties such as depression, anxiety, interpersonal or family problems, personality problems, adjustment difficulties, grief recovery, or when psychological factors may affect physical symptoms such as pain. I provide multiple services including: consultation, psychotherapy, psychological testing and assessment services, along with forensic evaluations (in the context of providing expert testimony), and evaluation as Ordered by the Court.

Psychology consultation and psychotherapy is intended to help the individual reach a better understanding of specific problems and, at times, work toward resolution of this problem, symptom relief, improvement in day to day functioning, or simply offer support in problem solving. Psychological testing and assessment services are sometimes an important service provided if the consultation request is to clarify a diagnosis, make treatment recommendations, or as a part of legal proceedings.

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**Forensic (Court Ordered) Assessments/Evaluations:** In the case of forensic evaluations, different rules apply, particularly in the area of confidentiality and doctor/patient relationship status. If your therapist was appointed by the court to evaluate and/or provide treatment to you, or if you request my involvement for the purposes of expert review under certain circumstances, there is no confidentiality.

If you are involved in a forensic evaluation, it is important for you to recognize that you may not agree with the findings and subsequent reports or court testimony. This will potentially be quite upsetting and may well result in significant changes in your life (e.g., court decisions regarding your complaint, custody dispute, etc...). Depending on the purpose of the forensic evaluation (i.e., expert opinion or treatment) the findings will be presented in court and potentially have an impact on the subsequent decision. As a result of presentation in open court, the findings can become public record (if appropriate, also see copy of related statement detailing the lack of confidentiality in forensic cases). It is recommended that you discuss this issue in detail with your attorney if you have related legal questions. If you do not have an attorney, you may want to consult with one regarding forensic evaluations and related expert testimony.

In cases of forensic evaluations, see the statement I provide you regarding the complete lack of confidentiality and the specific legal services we are conducting.

Forensic services are billed at my usual fee, including activities such as chart review, document review, clinical assessment of individuals, and communication with other professionals (doctors, therapists, attorneys, etc.).

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**Methods and Procedures (and Risks and Benefits):** Initially, your psychotherapist will conduct a clinical interview---a guided discussion---with the client to assess the nature of the problem. Outside records or discussion with important family members will sometimes be requested (for which a release of information will be necessary).

Psychological therapy, or psychotherapy, is a joint effort between the psychotherapist and the client to alleviate the problem. Progress depends on many factors such as the complexity and duration of the problem, the motivation of the client, and other life and situational circumstances. While results cannot be guaranteed, most clients find that they benefit from psychotherapy.

The psychotherapist and the client should agree on specific goals for therapy such as symptom reduction, improved communication and/or interpersonal skills, ability to return to work, or the like. Goals, will in all likelihood, change as the therapy progresses and should be renegotiated accordingly. The therapeutic approach employed will vary and should be discussed directly with the therapist. If psychotherapy is begun, **your therapist**

**will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) ever week or so at a time that is mutually agreed,** although some sessions may be longer or more frequent. The approaches I employ most frequently are referred to as cognitive-behavioral therapy, a therapeutic approach that targets our belief systems and related behavioral difficulties and insight oriented therapy.

As with any powerful treatment, there are some risks as well as many potential benefits. You should always think about both the risks and benefits before making a treatment decision. If you are involved in psychological testing, regardless of whether or not it is for a forensic evaluation, it can lead to fatigue and emotional depletion. Therapy can result in some individual change and unleash strong feelings. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, anger, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother you at work, school, or home. Also, some people in the community may erroneously view anyone in therapy as weak, or perhaps seriously ill or even dangerous. Also, clients may have problems with people that are very important in their lives. You should be aware of the possibility for potential family and/or marital strain that may occur during therapy. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to separation or divorce. Sometimes, too, it is possible for a client's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. Finally, it is important to note that, even with the best effort on the part of both of us; therapy may not work out well for you. **For individuals who have chronic problems involving suicidal behavior (e.g. repeated suicide attempts), one of the risks of outpatient psychotherapy is death, although this is infrequent and relatively rare in outpatient care. If you've experienced suicidal thoughts and/or engaged in suicidal behavior in the past (or are currently experiencing one or both of these problems), the possibility of a suicide attempt during outpatient care exists. Again, the rates of suicide attempts during outpatient treatment are difficult to estimate, but are relatively low. We will talk more specifically about the issue of suicidal thoughts and behavior in our *commitment to treatment agreement*. In particular, we'll come to an agreement about how to address suicidality in treatment, particularly the use of a *crisis response plan*.**

Treatment frequency and duration will vary from individual to individual and the specific problem(s) targeted. As estimate of treatment duration can be provided, but you are reminded that it is only an estimate. Treatment duration will vary depending on what you hope to accomplish. Shorter-term treatments routinely target symptom relief and a return to baseline functioning. Enduring changes in longstanding patterns of behavior or chronic problems will naturally require longer-term care. You have the right to withdraw from treatment at any time and if you are dissatisfied with the nature of treatment progress, an alternative referral will be provided.

Our first few sessions will involve an evaluation of your needs. For some individuals I may require an extended evaluation process of up to six sessions. By the end of the evaluation, I will be able to offer you some first impressions of what our work will

include and a treatment plan to follow, if you decide to continue with therapy. It's important to remember that an extended evaluation is NOT an agreement for ongoing therapy. At the end of the evaluation process, we will discuss the outcome, my diagnostic impressions and whether or not I can provide the treatment services (i.e. type of care, necessary frequency, and/or duration) required in your individual case. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them when they arise. If your doubts persist, I will be happy to help you set up a meeting with another professional for a second opinion.

**Confidentiality:** Information conveyed to the psychotherapist in a professional setting is confidential and with a number of exceptions, most notably as in the case of forensic or Court Ordered services, **will not be discussed without your written consent.**

Exceptions to confidentiality include the following:

1. If the client is evaluated to be a danger to self/others,
2. If your psychotherapist was appointed by the court to evaluate and/or provide treatment to you,
3. If the client is a minor, elderly, or disabled and the psychotherapist believes s/he is a victim of abuse, or, if the client divulges information about such abuse,
4. If the client files suit against the psychotherapist for breach of duty,
5. If a court order or other legal proceedings or statute requires disclosure of information,
6. If the client waives the rights to privilege or gives written consent to disclose information,
7. Anonymous disclosures for audits, evaluations, or research without personally identifying information,
8. To third party payers (i.e., insurance companies) or those involved in collecting fees for services,
9. Disclosures to other professionals or supervisees **directly** involved in your treatment or diagnosis.
10. Information contained in communications via mechanisms/devices with limited security/control, such as e-mail and telephone conversations/contact.

Many of these situations rarely occur and, should the situation arise, I will make every effort to discuss it with you before a release of the information takes place. I may occasionally find it helpful to consult about a case with other professionals regarding treatment, diagnosis, or other pertinent issues. In these consultations, I make every effort to keep identifying information confidential. The consultant is, of course, legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

While the above exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex and I am not an

attorney. While I am happy to discuss these issues with you, should you need specific legal advice, legal consultation is recommended.

**Records:** Documentation of all visits is kept permanently. This consists of a summary of each meeting with the psychotherapist including general issues addressed, symptoms, level of functioning, mental status, diagnosis, and future plans. Both law and standards of practice require that I keep appropriate treatment records. If this case is not a forensic case, you are entitled to receive a copy of the records under most usual circumstances, but if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. If you wish to see your records, I recommend you review them in my presence so we can discuss the contents and answer any questions.

**Billing and Fees: Fees are \$100.00 per hour for individual counseling/therapy and consultation. Additional services are \$100.00 per hour, including activities such as chart review, document review, clinical assessment of individuals and communication with other professionals (doctors, therapists, attorneys, etc.). Fees are \$150.00 per hour for Parent Facilitation/ Parent Coordination/ Co-Parenting. Court Appearance/ Testimony Fees are \$150.00 per hour, portal to portal, and require a minimum two hour (\$600.00) retainer.** Under some circumstances I charge a flat fee for the services I provide and I will discuss this with you before beginning our work together. I will clarify any questions about fees or collection policies. The collection of unpaid bills will be pursued vigorously through all acceptable means.

Fees are set for face-to-face sessions, but you should be aware that fees also are set for other professional services, at a prorated schedule. These services include report writing, telephone consultations, consulting with other professions with your consent, preparation of records or treatment summaries, and the time spent performing any other services you may request.

You will be expected to pay for each session at the time that it is held. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of financial hardship, I am willing to negotiate a fee payment schedule or installment payment plan.

#### **Cancellation and Missed Appointment Policy**

Scheduled appointment times are reserved especially for you. If an appointment is missed or cancelled with less than 24 hours' notice, you will be billed according to the scheduled fee policy. The late cancellation fee (less than 24 hours' notice) for counseling/therapy appointments is the full cost of the scheduled session at \$100.00 per hour. The fee for missed counseling/therapy appointments is the full cost of the scheduled session at \$100.00 per hour. The late cancellation fee (less than 24 hours' notice) for Parent Facilitation/ Parent Coordination/ Co-Parenting appointments is the full cost of the scheduled session at \$150.00 per hour. The fee for missed Parent Facilitation/ Parent Coordination/ Co-Parenting appointments is the full cost of the scheduled session at \$150.00 per hour.

### **PHONE AND AFTER HOUR CONTACT/CONSULTATION**

Due to my work schedule, I often am not immediately available by telephone. My office is open and the telephones are answered between 9 am and 5 pm, but I usually do not take telephone calls when I am with clients. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform the office staff of some times when you will be available.

If you are unable to reach me and feel that you cannot wait for your call to be returned, contact the nearest hospital emergency room. If I am to be unavailable for an extended time, the office will have the name of a colleague who will cover client emergencies.

**Minors:** If you are under sixteen years of age, please be aware that the law may provide your parents/ legal guardian(s) the right to examine your treatment records. It is my policy to request an agreement from parents/ legal guardian(s) that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. If they request, I may also provide them with a verbal or written summary of your treatment when it is complete. Before giving them information, I will make every effort to discuss it with you.

**Availability and Hours:** Office hours vary in accordance with the nature of my practice. However, I can be reached 24 hours/day in case of a clinical emergency through my personal number, which is (210) 872-4883. For those individuals taking medications, it is important to coordinate directly with your physician or psychiatrist. For those needing a referral, I have a number of psychiatrists with whom I collaborate and can provide referrals as needed. For all clients, I will provide a crisis response plan, detailing steps to take during a crisis. This will include the phone number and address of the local emergency room. I cannot return phone calls immediately and often times will not be able to listen to my messages until the end of the work day. Accordingly, it's important for you to follow your crisis response plan when needed or indicated. If you have need for periodic phone contact, we'll discuss a specific plan in more detail.