

THERAPY INFORMED CONSENT

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Take the time to read the following information. If you are unclear about any portion of, or have any questions about the information provided, please talk about it with your therapist.

MD Health Clinics (MDHC) provides an integrated multidisciplinary approach to pain management and addiction medicine. As a MDHC patient you are being offered therapy that we believe with benefit you. Please read the following to make an informed consent.

Psychotherapy is a process of understanding your concerns more clearly and working towards accomplishing your stated goals. Participating in psychotherapy requires effort on your part. In order for therapy to be most beneficial, you will be required to consider and practice the things that we discuss both during and between sessions. Your cooperation and compliance is needed for our work to be successful.

Psychotherapy presents both benefits and risks. Therapy often requires you to discuss unpleasant aspects of your life. As a result, you may experience uncomfortable feelings such as sadness, guilt, fear, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to be beneficial for those who receive treatment. Benefits of therapy may include more successful relationships, solutions to specific problems, better understanding of personal goals, improved self-confidence, self-esteem, and self-respect, ability to tolerate and manage uncomfortable emotions, and reductions in feelings of distress.

What to expect in your therapy sessions

MDHC therapists normally conduct an initial evaluation within 1-3 sessions based on patient needs. During these initial visits the emphasis is on determining MDHC is a good fit for you, understanding the nature of your problems, and creating a plan of treatment. You should also evaluate this information, along with your own impressions of whether you feel comfortable working with us in order to make an informed decision of whether to continue therapy. Therapy involves a significant investment of time and energy. Although we feel that you will benefit from behavioral therapy you are advised to think carefully about making this commitment. If you have any questions or concerns about our work together, we will be happy to discuss them whenever they arise. Should you feel at any time that our work together is not satisfactory, MDHC will help you determine the best course of action to take.

Sessions

If we decide to work together in therapy, MDHC therapists normally schedule at least one 53-minute session per week at a time we agree upon. It is our experience that therapy usually works best when a regular weekly appointment is scheduled and kept consistently.

CONFIDENTIALITY: MD Health Clinics has an excellent record of helping patients because it operates within a multidisciplinary approach to pain management and addiction medicine. For us to integrate care we meet regularly to discuss the patient's diagnosis, treatment plan, and patient progress. Other than authorized MDHC staff all information disclosed in sessions and the written records pertaining to said sessions are confidential and may not be revealed to anyone without your written permission, except when required by law.

When Disclosure Is Required By Law: Disclosure *is required* by law when there is a reasonable suspicion of child, dependent or elder abuse or neglect. It is also required when a client presents a danger to themselves, to others, to property or is gravely disabled or when clients' family members communicate to the therapist that the client presents a danger to others.

When Disclosure May Be Required: Disclosure *may be required* in a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. Additionally, in couple and family therapy, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Your therapist will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment. In all these situations, your therapist will use their clinical judgment when revealing such information.



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Emergencies : If there is an emergency during your work in therapy, where your therapist becomes concerned about your persafety, the possibility of you injuring someone else, or about you receiving proper psychological care, they will do whatever within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical this purpose your therapist may also contact the person whose name you have provided as the emergency contact.	they can,
CONSULTATION : Your therapist consults regularly with the members of the MD Health Clinics team for your benefit.	
STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES MDHC fully abides by all the rules of the American Psychological Association (APA) and by those of The California Medica and those of The California Psychology Board. Problems can arise in our relationship, just as in any relationship. If you are resatisfied with any area of our work, please raise your concerns with us at once. Our work together will be slower and harder it concerns with us are not worked out quickly. We will make every effort to hear your complaints and seek solutions to them. In never involves sexual or any other dual relationship that impairs objectivity, clinical judgment, or can be exploitative in nature.	not f your Therapy
TERMINATION : Your therapist has a responsibility to determine whether or not they can be helpful to you, and will not acclients whose therapeutic needs they cannot meet. In such a case you will be given a number of referrals. If at any point during psychotherapy your therapist assesses that they are not effective in helping you reach your therapeutic goals, they are obligated discuss it with you and, if appropriate, to terminate treatment. In such a case you will receive a number of referrals that may be help. If you request it and authorize it in writing, they will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional opinion or wish to consult with another therapist, your current therapic assist you in finding someone qualified, and with your written consent, will provide them with the essential information need have the right to terminate therapy at any time. If you choose to do so, your therapist will offer to provide you with names of qualified professionals whose services you might prefer.	ng ed to be of ast will ed. You
TELEPHONE & EMERGENCY PROCEDURES: If you are dealing with an emergency needing immediate assistance an reach your therapist, call 911. <i>Do not</i> use e-mail or faxes for emergencies.	nd cannot
If you need to contact your therapist between sessions, please leave a message at MD Health Clinics (877-788-6342) and you be returned as soon as possible.	ır call will
If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call Orange Evaluation and Treatment Services: (714) 834-6900, the 24-hour crisis and suicide hotline line: (877) 727-4747, or the Police Please do not use email or faxes for emergencies.	
By signing this document, I acknowledge that I have read the above Informed Consent carefully that I understand it and agree comply with it:	e to
Print Name Date	

Patient/Responsible Party Signature