

Disclosure Statement and Informed Consent to Treatment

Your Rights as a Psychotherapy Client

Therapy is a collaborative relationship between people that works in part because of clearly defined rights and responsibilities held by each person. This frame helped to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy—the goal is your wellbeing. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

Confidentiality: With the exception of certain specific instances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do not permit me into writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. As well, you may request anyone you wish to attend a therapy session with you.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone who is doing this, I must inform Child Protective Services or the police within 48 hours.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police, the county crisis team, or someone who can ensure your safety. I would first explore all other options with you before I took this step.
4. Please keep in mind that although every safeguard possible is in place when using electronic communication such as email, skype, text, computer, cell phone, or fax, I

cannot guarantee there will be no interception. Nor can I protect your name when depositing your check at my bank if you choose to pay by check.

Record-keeping: I keep no written records, with the exception of intake forms. If you prefer that I keep records, you must give me a written request to this effect. Under the Provisions of Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other healthcare provider at your written requests. I maintain your records in a secure location in my office.

Scheduled Appointments: I will do my best to have a regularly scheduled appointment time for you. If I need to cancel for some unforeseen circumstance, I will do my best to get a hold of you as soon as possible and do my best to accommodate you. I will tell you well in advance of any planned absences. I require 24 hour advanced notice of cancellation or the session fee will be charged.

My Responsibilities to You as Your Therapist

I am a Doctor of Clinical Psychology and an Energy Medicine Practitioner specializing in Holistic therapy for individuals, couples, and families. I earned my Bachelor of Arts in Psychology from Loyola Marymount University, and at Pepperdine University my Masters of Psychology and Doctorate of Clinical Psychology.

I am an interactive, solution-focused therapist. My therapeutic approach is to provide symptom relief, support, and practical techniques to help my clients effectively address personal life challenges. I integrate traditional therapy with highly effective complementary methodologies and holistic techniques such as psychoneuroimmunology skills, Eden Energy Medicine, acupuncture, meditation, hypnosis, energy balancing, somatic psychology, and EFT tapping to offer a carefully constructed personalized approach that is tailored to each client. With compassion, skill, and understanding, I work with individuals to help them to restore peace and balance, provide symptom relief, build on their strengths, and attain the healing and personal growth they desire.

Your Rights as a Psychotherapy Client

- I. You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.
- II. You have the right and responsibility to decide whether the proposed treatment plan will provide you with the treatment that you want. At any point during treatment you are encouraged to let me know if something does not feel right,

or if you want something else from treatment. Your input into the process of therapy, no matter how hard to put into words, is very important.

- III. You have the right to confidential and safe treatment. As I said before what you say to me is confidential unless I am concerned about your safety or the safety of another person.

Your Responsibilities as a Psychotherapy Client

- I. You are responsible for coming to your sessions on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 24 hours' notice, you must pay for that session at our next regularly scheduled meeting.
- II. You are responsible for paying for your session or your child's session at each session unless we have made other firm arrangements in advance. My fee is \$600 for a 120 minute session. However, if we regularly spend more than fifteen minutes weekly on the phone, I will bill you on a prorated hourly basis.
- III. If you end up having an outstanding bill with me and we have terminated therapy, I expect you to pay it. If you refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

Agreement for Psychotherapy Consultation

I have read this informed consent, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I agree to pay \$600 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. Erin Shannon, Psy.D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Shannon.

Client Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Dr. Erin Shannon: _____ Date: _____