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CONSENT FOR TREATMENT

The Process of Therapy

Before you begin treatment, it is important that you be informed of the process and potential benefits and costs of psychotherapy. Therapy is a joint effort, the results of which cannot be guaranteed. Progress depends upon multiple factors including motivation and effort devoted as well as other life circumstances. Talking about unpleasant topics may initially result in experiencing strong feelings of anger, sadness, stress or worry. However, successful therapy can result in mood and life improvements that include better coping skills, more effective problem solving abilities and an increase in self-awareness about your behaviors, motivations and needs.

As your therapist, I agree to be reasonably available to you during regular business hours via phone and e-mail. However, if you should require emergency attention and I cannot be reached, please contact the County Crisis Access Team 24-hours a day at (800) 479-3339.

Payment

Once our appointment time is set, there is a 24-hour cancellation requirement to avoid full session charge. Sessions are 50-minutes in duration and payment is expected according to the payment agreements set forth at the beginning of treatment.

Insurance

I am not a participating member to any insurance company. If you have a health insurance policy, it may provide some coverage for mental health treatment. I will provide whatever assistance I can in helping you receive the benefits to which you are entitled; however, because you (not your insurance company) are responsible for full payment of my fees, you should find out exactly what mental health services your policy covers. Your policy will require that you pay a co-pay fee at every session.

Be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

My signature indicates that I have discussed the nature of psychological treatment including confidentiality and its limits, consultations, the treatment plan and goals.

Signature of Client (or parent if minor is under 18)

Date: _____

Therapist Signature

Date: _____