

Marjorie Lamphear, PhD

14 Hayward Street
Cranston, RI 02910
401 837-3224

INFORMED CONSENT

I hereby consent to enter into psychotherapy with Marjorie Lamphear, PhD. I understand that all information disclosed by me during the course of therapy will be held in confidence, except for threats I make to harm myself or others; disclosures of abuse or neglect of minor children, and frail or disabled adults; court-ordered disclosures; disclosures required by my insurance; and disclosures related to billing and payment. I understand that Marjorie Lamphear has a legal and ethical obligation to disclose such information. All other information will be held in the strictest confidence and will not be released to anyone without my written permission to do so.

I understand that Marjorie Lamphear does not provide emergency services. Her office hours are currently limited to two days per week. If I have an urgent need to speak to her between appointments, I may call her at the phone number listed above. Depending on her schedule, Marjorie may not be readily available by phone. If I get her voice mail, I may leave a message, and she will get back with me as soon as possible. If I cannot wait for a return call and have an emergency, I understand that I should call 911 or go immediately to the emergency room. If I am in crisis and need an appointment before Marjorie can see me, she will gladly give me the name of a colleague with whom I can make an appointment.

I understand that psychotherapy may at times be emotionally draining and require a great amount of energy. It will be important for me to take good care of myself with proper nutrition, plenty of rest, and good support.

I understand that our first few sessions will involve an evaluation of my needs and life history. This is necessary in order to understand my presenting concerns within the context of my life and who I am. It is in this way, that Marjorie can better adjust the therapy to fit me and my life. By the end of the evaluation, Marjorie will offer me some first impressions of what our work will include and a proposed plan of treatment for my approval.

Therapy may sometimes provoke strong fear and/or pain, and I may find I want to stop meeting. This is normal and happens to most people at some time or another in the process. I understand that it will be important to bring this up when we meet, so that we can face the fear together, and work to get past it. Finding ways to tolerate the pain and deal with the fear so that I can remain in therapy can help me get to the point where it does not hurt as much anymore, is not as frightening, and I can begin to heal.

As we deal with the concerns I bring, I understand that I need to voice my desire to speed up or slow down. I can set the pace, and Marjorie will gladly follow my lead. Some topics may be a pleasure to discuss, while others may be uncomfortable. All I am asked is that if things are difficult, I be sure to say so. Marjorie will not force me to deal with anything I do not want to deal with, and we can talk about how to make things less difficult. We will take

it at the pace that is right for me as we look at this entire situation in small pieces, one at a time, until we've got the whole picture.

I understand that I can seek a second opinion from another therapist at any time, and while termination will usually be mutually agreed upon, I am free to terminate therapy at any time. In a few special instances, Marjorie may decide to stop working with me, even though I wish to continue. Such instances could include a need for special services outside the area of her competency, or the prolonged lack of progress in our work together. If this happens, the reason for termination will be discussed with me, and I will be helped to make other plans, including being referred to a more appropriate resource.

I understand that counseling can have benefits and risks. For example, since therapy can lead to change, I may experience conflict with family and friends who prefer the status quo. On the other hand, psychotherapy has been found to benefit those who utilize it. It can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

I understand that I will be expected to be an active participant in my treatment. I will commit myself to keeping my appointments as scheduled, and to working toward my goals during and between sessions. I acknowledge that there is never any guarantee in treatment and Marjorie Lamphear is offering me no guarantee as to the outcome of my therapy.

Payment for all services, including therapy-related phone calls, is my sole responsibility. I will be expected to pay for services at the time they are rendered, unless prior arrangements are made. If I plan to use insurance, and the insurance company fails to compensate Marjorie, I am responsible for payment. Any other services, such as consulting with other professionals on my behalf, will be charged at an hourly rate of \$125.00. Any court related appearances, including preparation and travel time will be billed at a rate of \$200.00 per hour. If a check is returned for insufficient funds, there will be an additional \$50.00 charge to cover bank fees.

The time scheduled for my therapy appointment has been set aside exclusively for me. I will be expected to notify Marjorie Lamphear of the need to reschedule an appointment by, at least, 7 pm the night before so that she has time to offer it to someone else. I understand that my insurance company does not reimburse for missed sessions. Should I fail to keep an appointment without such notice, I will be billed \$90 for that missed appointment. If I miss two consecutive appointments, it will be understood that I wish to terminate services, and a letter will be sent to me at: _____
_____ to notify me that services have been terminated.

I may ask questions at any time regarding these matters or the therapeutic process.

Signature of Client or Authorized Representative

Date

Witness

Date