Dana Cohen, Psy.D.

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**Consent for Treatment and Office Policy Statement**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. A clear understanding of these arrangements can make our work together far more rewarding and helpful. If anything seems confusing, please bring up your concerns with me, I'd be more than happy to review any of these topics with you and answer any questions you may have.

**Appointments and Fees**

Sessions are typically 50 minutes in duration, once per week at a time we agree on. The time scheduled for your appointment is assigned to you and you alone. I do offer longer and more frequent sessions as well as telephone sessions. If you need to cancel or reschedule a session, I ask that you provide me with 48 hours notice. If you must cancel an appointment, please contact me as soon as possible. You are responsible for the full session fee if you cancel fewer than 48 hours in advance of our scheduled appointment.

Sessions longer than 50 minutes and services provided outside of scheduled appointments (e.g. telephone conversations) will be billed at 15-minute intervals. My fee is $250 collected at the beginning of the session by cash or check payable to Dana Cohen. I keep a credit card on file and bill for outstanding payments.

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**In case of crisis or higher needs**

In certain cases, you may need to call me if a problem develops between sessions. For example, if you suddenly feel suicidal, I want you to call me right away. If a phone consultation is needed, I will charge for the time we spend together at my usual rate, based on the length of the call. Often, I can schedule additional sessions with you at the office within a day or two of your call if you need extra help. Sometimes, hospitalization may be helpful. If you believe you are having a life-threatening emergency and are unable to contact me for any reason, you should go to the nearest emergency room or call 911. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confidentiality**

What we discuss in therapy is private and confidential and I will not release information without your prior written consent. If we agree that consultation with others (ex: healthcare providers, family members, etc.) would be beneficial to your therapy, I will provide with a written Authorization to Exchange Confidential Information form for your signature.

I am required to contact the appropriate authorities under the following situations:

* If there is suspected abuse or neglect of a child, elderly person or disabled person
* If you threaten serious bodily harm to another person
* If you are in danger of harming yourself, or are unable to care for yourself
* If I am ordered by a court to release information

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**Psychotherapy Benefits and Risks**

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and frustration. On the other hand, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

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**Consent to Psychotherapy**

I have read the above informed consent, understand and agree to it.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_