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Therapy Information and Consent Form

The following information is provided to inform potential clients of the right to confidentiality in consultation and therapy with a psychologist. As a client in psychotherapy, you have certain rights that are important for you to know about; there are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

The following information is also an opportunity to inform you of the means for contacting me outside therapy, as well as the procedures for billing. Please feel free to directly discuss any questions or concerns during the initial consultation.

Service Provider: Andrea G. Gurney, Ph.D., is a licensed psychologist in the state of California. I completed my Master's degree in psychological services at the University of Pennsylvania and my Ph.D. degree at Northeastern University in counseling psychology. I spent three years training at Harvard Medical School in outpatient therapy for individuals, couples, and families. I provide therapy to a variety of clients, including adults, adolescents, children, couples and families utilizing psychodynamic, systems, and cognitive-behavioral approaches.

Confidentiality: With the exception of certain specific exceptions described below, you have the right to confidential communication during treatment. Information revealed by you will be kept strictly confidential and will not be revealed to any other person or agency without your written and verbal consent.

Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy even if there is a written release to share information. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically it will be done with special safeguards to insure confidentiality.

If you chose to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of internet service providers. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

Exceptions to Confidentiality: The following are legal exceptions to your right to confidentiality:

- a) when there is reasonable suspicion of child, elder, or dependent adult abuse or neglect;
- b) when the client presents a serious danger of violence to others or the property of others;
- c) when the client presents a serious danger of harm to him/herself; and
- d) when a court of law issues a legitimate subpoena.

The following are not legal exceptions to confidentiality, however, it is a policy you should be aware of if you are in therapy with me:

- a) I believe it is good practice to receive supervision from colleagues. Given this, relevant information from your sessions may be discussed during periods of supervision. This is to ensure the best care for your treatment.

- b) Regarding couples and family therapy: if there are individual sessions as part of the couples or family therapy, what you say in those individual sessions will be considered to be a part of the couples or family therapy, and can and probably will be discussed in our joint sessions.

Record Keeping: I keep brief records noting that you have been here and what topics/interventions we discussed. Records are kept in a secure location that is not accessed by anyone else. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record.

Appointments: Standard therapy sessions are 50 minutes long. You are responsible for coming to your session 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 we decide to meet for a longer session, I will bill you prorated on the hourly fee.

Canceled Appointments: If you need to cancel a session, please call at least 24 business hours in advance. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting.

Treatment Length: The decision to end therapy normally belongs to the client, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you threaten, harass, or do violence to myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

Phone Calls: If you need to contact me for any reason, please call my voice-mail at (805) 565-6057. I check my voice-mail frequently each weekday and will return your call at my first opportunity. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than ten minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week I will bill you on a prorated basis for that time. If I am not available and you need to speak to someone immediately in the event of an emergency, please call 911 or go to your local Emergency Room

Payment: Please pay at each session unless other arrangements have been made. Each session fee is \$140.00 and checks are to be made payable to Andrea G. Gurney, Ph.D. A more extensive discussion and agreement about payment will occur during the initial session.

Insurance: Services are provided and charged directly to the client, not to an insurance company. Insured clients are expected to pay their fees as indicated above and are fully responsible for obtaining reimbursement from their insurance company. At your request, I can provide you with a monthly statement, which has all the necessary information for you to bill your insurance company.

I, THE CLIENT (OR PARENT/GUARDIAN), HAVE READ AND AGREED TO THE ABOVE. I UNDERSTAND AND FULLY ACCEPT THE CONDITIONS AS STATED IN EACH PARAGRAPH.

Client/Parent/Guardian's Signature

Date

Client's Signature, if a minor

Date

Therapist's Signature

Date