Datchi Psychology and Consulting, LLC
35 Deforest Av.

Summit, NJ 07901

NP9#1255708822

## **Informed Consent for Evaluation and Treatment**

This document contains important information about the professional services and business policies of *Datchi Psychology and Consulting*. Please read it carefully and discuss any questions you have with Dr. Corinne Datchi.

**Confidentiality**: Dr. Corinne Datchi takes your privacy very seriously and complies with Federal and New Jersey laws regarding confidentiality of client information. Dr. Datchi will minimize the amount of information shared without your express consent, however there are certain circumstances in which he/she may disclose details of your care including, but not limited to:

- your assessment and treatment with other members of the clinical team at Lyra Clinical Associates P.C. and its affiliated partners in order to improve your experience and guarantee that your therapist is providing you with the most effective care possible. You may let your therapist know that you do not want your information shared in this way by contacting them in writing.
- If there is suspected elder, dependent adult, or child abuse or neglect.
- If, in therapist's judgment, you are in danger of harming yourself or another person, or are unable to care for yourself.
- If you communicate to your therapist a serious threat of physical violence against another person; in these circumstances, your therapist is required by law to inform both potential victims and legal authorities.
- If your therapist is ordered by a court to release information as part of a legal proceeding.

The Process of Psychotherapy: The process and outcome of psychotherapy may vary depending on the particular problems addressed, the personalities of the therapist and client, and various other factors. In order for therapy to be successful, you will need to make an active effort both during and outside of your sessions. While your therapist cannot predict exactly what your experience will be like, she is committed to providing you with the most professional and ethical treatment possible. Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships, resolution of specific problems and positive personal change. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable and intense feelings like sadness, guilt, anxiety, frustration, and anger. In addition, it may result in changes that were not originally intended (such as divorce or remaining in a relationship you believed you would leave). Change can often happen quickly, but may also occur more slowly. There are no guarantees about what you will experience. Your therapist's role is to help guide you through the therapy process by offering emotional support, actively listening to your concerns, asking relevant questions, providing treatment plans and recommendations, and monitoring your treatment progress. Your sessions may focus on processing what underlies problematic thoughts, feelings, and behaviors and work towards more effective ways of coping.

During your first session, you will discuss with your therapist the reasons you are seeking therapy, goals you would like to achieve, and any background information related to your presenting concerns. In subsequent sessions, you and therapist will work collaboratively towards achieving your goals of therapy. This may include completing questionnaires at the beginning of treatment and periodically throughout to assess progress and homework assignments between sessions. If at any point you are unhappy about the progress, process, or outcome of the treatment, please discuss this with your therapist.

Throughout therapy, you will work with your therapist to assess whether your goals are being met and/or whether they require revision. There are many different methods your therapist may use to deal with the

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problems that you hope to address. Your therapist strives for genuineness and a nonjudgmental stance in all of her patient relationships. However, if at any time you feel that you are not connecting or that she has misunderstood you in an important way, you should discuss them in session with your therapist.

**Missed Appointments and Cancellations**: Please provide at least 24 hours advance notice of cancellation. If you are unable to attend your scheduled appointment due to circumstances beyond your control, please contact your therapist directly via email or phone so he/she can reschedule your appointment to a more suitable time. Once an appointment is scheduled, you will be expected to attend unless you contact your therapist to reschedule.

**Telephone & Emergency Procedures**: If you need to contact your therapist between sessions, please leave a message on your therapist's voicemail at 812-360-5143 and your call will be returned as soon as possible. Your therapist checks voicemail regularly during business hours and will make every effort to return your call by the next business day.

In a crisis, please call 911, go to the local emergency room, or contact crisis intervention services. Please do not use email or leave a phone message if you are experiencing an emergency.

If you experience an emergency during your sessions with your therapist, or if your therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, your therapist will do whatever possible within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, your therapist may contact the person whose name you have provided on the biographical sheet as your emergency contact.

**E-Mail and Text Communication**: Please use email only for non-urgent matters, such as rescheduling appointments. Do not send text messages. Your therapist may use email to send you homework, videos, or articles to read in between sessions. If you decide to send questions or topics to discuss for the next session, he/she will try to review it before you meet again to inform your discussion. Receiving e-mails to your personal account may be unsecure.

**Social Media**: Due to the importance of your confidentiality, your therapist does not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). Your therapist believes that adding clients as friends or contacts on these sites can compromise your confidentiality and privacy. If you have questions about this, please bring them up during your session.

Billing and Payments: The fees for your sessions will be paid for by your sponsoring employer as long as you are eligible, subject to any limits under your benefit plan, and as long as sessions are considered clinically appropriate. Please note that certain professional services outside of the presenting problems, such as chart preparation requests, disability paperwork, and participation in legal proceedings, may be outside the services paid for by your sponsoring employer and may incur additional fees. Any additional fees will be discussed and agreed upon when they are requested. Fees for services may be subject to change in the future and your therapist will notify you of any changes.

**Progress and Outcomes**: To monitor your progress and inform your treatment, your therapist would like to collect regular outcomes data from you. You'll be asked to share your personal email address with your therapist so that he/she may work with Lyra Health to collect feedback on our sessions. Lyra will

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periodically send you an email on your therapist's behalf asking questions about progress towards your goals. You are not required to provide this data in order to continue your sessions with your therapist.

**Research, Writing, Teaching**: Your therapist may conduct internal research, training, and supervision. Your therapist may use information about you and your treatment in any of these ways. Your therapist may also prepare publications for professional and/or lay audiences, and may use information about your treatment in an anonymized way for these publications.

**Length of Therapy**: Evidence-based treatments, or treatments that have been rigorously tested and proven to be helpful, typically are shorter-term treatments than general counseling or the general provision of support. Most clients notice some initial changes or relief within the first six sessions of treatment. Your course of treatment will be individualized depending on the intensity and duration of your presenting concerns, your level of engagement and active participation in the treatment plan, and the specific nature of your concerns.

**Treatment Termination**: You may withdraw from treatment at any time. Your therapist recommends that you discuss your plan to terminate treatment with her before taking action, so that she has an opportunity to offer recommendations.

If at any point during psychotherapy your therapist assesses that the sessions are not effective in helping you reach the therapeutic goals, he/she will discuss this with you and, if appropriate, terminate treatment. In such a case, your therapist will work with you to identify alternative options.

If you do not keep your scheduled appointments and do not respond to communications from your therapist, she will assume you have elected to terminate your treatment and she will close your case. If this occurs, and you wish to resume your treatment, please contact your therapist to re-initiate therapy.

## TREATMENT AGREEMENT

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I have read and understood this agreement. If at any time you have questions about the details above, please ask your therapist. By continuing your sessions with your therapist you accept and agree to abide by the contents and terms of this agreement and consent to participate in evaluation and/or treatment.

Patient Signature:
Patient Name:
Date:/
Name of Parent/Guardian signing on behalf of patient: