



# Colette Lord Ph.D. Psychologist Inc.

## INFORMED CONSENT

Welcome! This document contains important information about my services and business policies. Please read it carefully. When you sign this document, it will represent a contract between us.

### **THERAPY SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client, and the particular problems you hope to address. There are different methods I may use to help you address those problems, and my primary therapeutic approach is Eye Movement Desensitization and Reprocessing (EMDR) Therapy. Therapy requires an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. You always have the right to refuse services or any particular intervention. It is important that if you have questions or concerns about your treatment that you voice them so that we can problem solve and come up with a solution.

Psychotherapy has both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Some clients find that things get worse before they get better. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress or unhappiness. However, there are no guarantees as to what you in particular will experience with me in therapy.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will inform you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe will be better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about anything that is occurring in therapy, we should discuss them whenever they arise. My goal is to create an environment where you can always question me or my suggestions, voice doubts/concerns and advocate for what you need.

It is my policy not to discriminate against any individual on the basis of race, color, religion, ancestry, national origin, citizenship status, age, socioeconomic status, sex, marital status, genetic information, sexual orientation, gender expression, gender identity, disability or veteran/military. Initial \_\_\_\_\_

## **EVALUATION SERVICES**

I provide evaluations for transgender and gender non-conforming individuals who are seeking letters in support of hormones and/or surgeries. This evaluation typically takes 3 sessions. During this time, we will discuss your history, your identity development, and your current life. I may ask to speak to appropriate others in your life and on your treatment team. After these 3 sessions I will inform you if I believe more sessions are needed to complete the evaluation. If I have determined it is not appropriate for me to write you such a letter I will provide you with an explanation of why I have made that determination. If at the end of this evaluation period I feel it is appropriate I will be happy to provide you with a letter of support. Initial \_\_\_\_\_

## **CREDENTIALS**

I am a Licensed Clinical Psychologist (CA License #PSY21497) and have been providing therapy since 2003. The California Board of Psychology handles any consumer complaints at (866) 503-3221. I graduated with honors with a Bachelor of Arts in Psychology and as a member of Psi Chi, the International Honor Society in Psychology. I have further earned both a Masters of Arts in Psychology and a Doctorate of Philosophy in Clinical Psychology. I am a member of the American Psychological Association, including the Division of Trauma Psychology, Society for the Psychology of Women, Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues and the California Psychological Association, including the Diversity and Social Justice Division. I am a member of the World Professional Association for Transgender Health.

In order to be able to effectively address the complexity of symptoms experienced by my clients, I continually pursue further development of my clinical skills through trainings, conferences, consultation and reading. I have completed training to become a Certified Transgender Care Therapist through the International Transgender Certification Association. I am a Certified EMDR Therapist and have been providing EMDR since 2014. I am a member of the EMDR International Association (EMDRIA), and I have completed extensive, advanced training in EMDR, and the use of EMDR in treating dissociation. Initials \_\_\_\_\_

## **BOUNDARIES**

Your relationship with me is a professional and therapeutic one, and therefore there are limitations placed on our interactions. In order to preserve this alliance, it is important that we do not have any other type of relationship(s). Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you, but it would be inappropriate for me to be your friend or have a social relationship with you. It is generally considered inappropriate for us to exchange gifts. In order to protect your privacy if we should run into each other out and about in the world I will not acknowledge you unless you acknowledge me first. If you do wish to say hello, I will not make any introductions if either of us is with other people. Any conversation should be kept brief and should not be related to your treatment. Initials \_\_\_\_\_

## **MEETINGS**

Normally the first few therapy sessions are an evaluation period. I do a thorough assessment of your needs and your history so that we can develop a strong treatment plan to guide our work together. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Moving forward I will schedule one-hour long session per week, at a regular time we agree on. Once an appointment time is scheduled, you will be expected to pay for that time unless you provide at least 24 hours advance notice of cancellation (insurance permitting). Multiple or recurrent no shows or late cancellations may result in termination of services.

When doing EMDR therapy, once we get to reprocessing your traumatic memories, longer, more intensive therapy sessions of 90 or 120 minutes are often significantly more efficient and effective. Each session necessarily involves catching up on daily stressors, thus longer sessions allow for substantially more time for focused work toward resolving the primary issues. Much more can be accomplished in a shorter period of time through this approach. This is my recommendation, although if you are using insurance they will dictate the length of sessions.

Due to the nature of my work, there are times when unforeseen clinical crises or emergencies may arise with other clients, requiring that your appointment be canceled or delayed. When such situations are unavoidable, I will make every effort to inform you at the earliest possible time and reschedule the missed session time in order to minimize the inconvenience to you.

I understand that you may use drugs (including marijuana) and/or alcohol, however, therapy is most effective if you come to your appointments sober. If I have concerns that you are under the influence, I will have a discussion with you about whether or not it is appropriate to have our session that day. If you are visibly under the influence when you arrive and plan on driving away from our session and are unable or unwilling to make other arrangements to get home, I may be required to contact the authorities as I will consider you a danger to yourself and others. Initial \_\_\_\_\_

## **TELEPHONE CONTACT**

I am not immediately available by phone. Though I am usually in my office between 9am and 7pm, I do not answer the phone when I am with a client. When I am unavailable, you can leave me a voicemail, and I will make every effort to return your call the same day, with the exception of Sundays and holidays. If you are difficult to reach, please give me some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, please reach out to someone you know and trust, contact the San Diego Crisis Line at 1-888-724-7240, or go to the nearest emergency room. Initial \_\_\_\_\_

## **ELECTRONIC COMMUNICATION**

I use email communication only with your permission and only for administrative purposes unless we have another agreement. That means that email with my office should be limited to things like setting or

changing appointments, and other administrative issues. Please do not email me with urgent or clinical matters because I do not check email as frequently as voicemail. With the email service I use, we have the option of communicating securely through encrypted email. If this is something you want to make use of, for whatever reason please let me know and I can review how that process works. If you need to discuss a clinical matter with me, please feel free to call me or wait so we can discuss it during your next therapy session. You should know that any emails received from you and any responses sent by me will become part of your therapy record.

Because text messaging is an unsecure and impersonal mode of communication, I do not typically send or respond to text messages except for administrative purposes. Please, do not text message me unless we have made prior arrangements (typically restricted to scheduling). Any texts received from you and any responses sent by me will become part of your therapy record.

I do not communicate with, or initiate contact, any of my past or present clients through my personal social media platforms such as Twitter, Facebook, Instagram, or Linked In. If I discover that I have accidentally established a personal online relationship with you, I will end that relationship and discuss it with you at our next session. This is because these types of casual social contacts can create significant security risks for you and inadvertently violate your privacy. If you choose to follow one of my professional social media pages, please be mindful of the lack of privacy and confidentiality of anything you post, and do not attempt to engage in a clinical or administrative conversation with me on these sites. If you do so, I will not respond until we meet in person, and I will delete your post.

I have a website that you are free to access which I use to provide information to others about me and my practice. I understand that you might choose to gather information about me via the web. In this day and age there is an incredible amount of information available on the internet, much of which may actually be known to that person and some of which may be inaccurate. Some clients review their health care provider on various websites. Please be aware that as a mental health professional, my ethics prohibit me from responding to such comments or correcting any errors because of confidentiality. If you encounter reviews of me somewhere and have concerns, please share those concerns with me so we can discuss them. Initial \_\_\_\_\_

## **CONFIDENTIALITY**

In general, the privacy of communications between a client and their psychologist are protected by law, and I can only release information about our work to others with your written permission. But there are exceptions, and these are listed below.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about your treatment. These situations include:

- If I have reasonable suspicion that a child or elderly/disabled person is being or has been abused, I may be required to make a report to the appropriate authorities.
- I am required to report if someone knowingly viewed, downloaded, streamed, or accessed child pornography (which includes films, photographs, videotapes, etc.).

- If I believe that you are threatening serious bodily harm to another, I am required to take protective actions. This may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- If you threaten to harm yourself, I may be obligated to take protective action. This may include hospitalization for you or contacting those designated by you who can help provide safety/protection. If such a situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

If you file an insurance claim to be reimbursed for some portion of the cost of therapy, this gives the insurance carrier the right to inquire regarding some of your information such as diagnosis, dates of treatment and treatment plans. I may disclose medical information to a provider of health care, health care service plan, or contractor for the purposes of diagnosis or treatment.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, if you bring up your mental health in a court proceeding you have waived this right. In some legal proceedings, a judge may order my testimony if they determine that the issues demand it, and I must comply with that court order.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

On occasion I may need to disclose information to employees or agents of my practice for operational purposes.

In the event of my death or incapacity, another therapist of similar competence, can take possession of your file and continue therapy if you wish, or you have the right to request a copy of your file to take to another therapist.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. Initial \_\_\_\_\_

### **H.I.P.A.A.**

The H.I.P.A.A. Notice of Privacy Practices provides information about how I may use and disclose your protected health information. A copy of the Notice of Privacy Practices is generally made available to you at the time of intake and can be provided to you at any time upon request. While the critical information is already contained in this Consent form, I encourage you to read the Notice of Privacy Practices in full. The Notice of Privacy Practices is subject to change. If I change the Notice of Privacy Practices, you may obtain a copy of the revised notice from me. Initials \_\_\_\_\_

## **AUDIO AND VIDEO RECORDINGS**

I am continuously seeking to improve my skills and seek certifications/consultations to do so, and therefore there may be times when I request to videotape a session. It is always your right to say no, and whatever answer you give will not impact your ability to obtain treatment. By signing below, you agree that neither you nor I will record any part of our sessions unless you and I mutually agree in writing beforehand that the session may be recorded. Initial \_\_\_\_\_

## **ENDINGS**

There are a number of circumstances under which therapeutic services can/should end. You may end therapy at any time, but a minimum of a final phone call or session is requested for us to wrap things up.

If and when services are ended I will maintain your records for the period of time required by law and will make them available to you or a subsequent therapist upon written request. If therapy is ended for any of the following reasons I will be happy to provide you with referrals to other appropriate treatment professionals.

If you and I both agree that you have reached your treatment goals, this is something to celebrate and be proud of. In this case we will discuss and review your progress and the treatment and then we will end therapy. You are always welcome to contact me if you would like return to therapy.

I am ethically obligated to end services if I believe you are not benefitting from therapy. Prior to such a decision we can discuss any possible adjustments to our work that might produce change and help you begin to progress. If finding another therapist might be a better option for you this will be discussed as well.

If you have repeated late cancellations or no shows to your appointments, my goal will be to try to problem solve ways for you to keep your appointments. However, if this behavior continues then I may end therapy with you. If therapy ends for this reason, I will be happy to provide you with referrals to other appropriate treatment professionals.

If you are unhappy with your treatment or your progress, I hope to create an environment in which you will be comfortable telling me this, that way we can address your concerns and possibly improve the treatment and our relationship. If that does not work or you are not interested, then I will be happy to provide you with referrals to other appropriate treatment professionals.

Other reasons for possible termination of services include: multiple missed/ late canceled appointments, amassing a substantial unpaid account balance, refusing to comply with treatment recommendations, repeated boundary violations, or if I fear for my physical safety. If I have any of these concerns, I will make every attempt to discuss them with you prior to making a decision to end services and, as appropriate, you will be given a reasonable opportunity to make the needed changes. Initial \_\_\_\_\_

## **BILLING AND PAYMENTS**

My hourly fee is \$175. If we meet more than that time, I will pro-rate accordingly. If you arrive more than 15 minutes late for an appointment without notifying me, I will consider the appointment cancelled and charge for the session. You will be expected to pay for each session at the time it is held, unless we agree otherwise in advance. I will request you sign an authorization that I will keep on file allowing me to bill a credit card for such instances. In circumstances of unusual financial hardship, I may be willing to negotiate a temporary fee adjustment or payment installment plan. Invoices for payment(s) are available at your request. An additional \$10.00 per week will be charged for session fees not paid on the date of service, which will begin to accrue on the day directly following the date of service. Fees may be paid via cash, check, or credit card. There is a \$25.00 fee for returned checks.

I reserve the right to review my fees once a year on February 1<sup>st</sup>. If at that time I choose to increase my fees you will be given a 60 day notice of the increase.

In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate (in 15 min increments) the hourly cost if I work for periods of less than one hour. Other professional services include but are not limited to report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, or letters in support of gender affirming surgeries or procedures. If you become involved in legal proceedings that requires my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge a copying fee of \$0.05 per page for records requests. This fee will be waived if you choose to have your records sent by encrypted email.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In collection situations, the only information I will release regarding a client's treatment is their name, the dates/times/nature of services provided, and the amount due. Initial \_\_\_\_\_

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment.

If you have an insurance plan for which I am a covered provider, then I will submit claims for you, but at our session you will be responsible to pay any portion not covered by your plan. By signing this form, you are authorizing me to release any information necessary (including notes, treatment plans and diagnosis) to your insurance plan to process claims, determine medical necessity, or to request additional sessions. By signing this contract, you are also authorizing your insurance plan to pay benefits directly to me.

If you have a health insurance plan for which I am not a paneled provider I will be considered an 'out of network provider.' Some insurance plans cover a portion of mental health treatment in these situations.

If requested I will supply you with a superbill (which is like a receipt) to submit to your insurance company for possible reimbursement for the therapy fees. Regardless, payment is due at the time of service and you are responsible for that payment.

If you would like to seek reimbursement through your Health Savings Account (HAS) or a Health Reimbursement (HRA) this would be a similar process in which I can provide you with a superbill and you can seek reimbursement from these accounts for this service. In either case you (not your insurance company) are responsible for full payment of my fees. If you have a Flexible Spending Account (FSA) debit card, you can also choose to pay for my services that way and it will be processed just like a credit any other card payment. Initial \_\_\_\_\_

**DISCLAIMER**

I am not responsible for care received from professionals I refer you to. Our agreements do not involve other providers in the suite, who operate their own practices.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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YOUR SIGNATURE DATE

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PRINTED NAME

I acknowledge that I have been offered/given a copy of the HIPAA Notice of Privacy Policies.

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YOUR SIGNATURE DATE

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PRINTED NAME