

**Sherri Gallagher, Ph.D. HSP  
Psychologist  
222 N. Verde Street  
Flagstaff, Arizona 86001  
480-993-5048**

### **Informed Consent for Psychotherapy/Treatment**

**This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPPA preemptive analysis.**

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Dr. Gallagher that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Gallagher. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Gallagher will use her clinical judgment when revealing such information. Dr. Gallagher will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couples therapy or other treatment that involved more than one adult client.

### **THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Dr. Gallagher will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Dr. Gallagher may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family

member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Gallagher is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), mindfulness, humanistic or psycho-educational. Dr. Gallagher **provides neither custody evaluation recommendations** nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

**TREATMENT PLANS:** Within a reasonable period of time after the initiation of treatment, Dr. Gallagher will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and his/her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Gallagher's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where Dr. Gallagher becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can 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, she may also contact the person whose name you have provided on the biographical sheet.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr. Gallagher between sessions, please leave a message at the answering service 480-993-5048 and your call will be returned as soon as possible. Dr. Gallagher checks her messages a few times during the daytime only, unless she is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 928-527-1899 which is the Guidance Center Hot-Line open 24 hours a day. Other emergency options would be to call 911 or the Flagstaff Medical Center Emergency Department. Please do not use email or faxes for emergencies. Dr. Gallagher does not always check her email or faxes daily.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Dr. Gallagher, only the minimum necessary information will be communicated to the carrier. Dr. Gallagher has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have

been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of \$130.00 per 45 minute session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Dr. Gallagher if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Dr. Gallagher will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Gallagher can use legal or other means (courts, collection agencies, etc.) to obtain payment.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Gallagher to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**CONSULTATION:** Dr. Gallagher consults regularly with other professionals regarding her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. While data on Dr. Gallagher's laptop is encrypted, e-mails and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Dr. Gallagher's laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Also, be aware that phone messages are transcribed and sent to Dr. Gallagher via unencrypted e-mails. Please notify Dr. Gallagher if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages,

she will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Dr. Gallagher's profession require that she keep treatment records for at least six years for adults and three years past 18 years of age for children, whichever is longer. Unless otherwise agreed to be necessary, Dr. Gallagher retains clinical records only as long as is mandated by Arizona law. If you have concerns regarding the treatment records, please discuss them with Dr. Gallagher. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Gallagher assesses that releasing such information might be harmful in any way. In such a case, Dr. Gallagher will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Gallagher will release information to any agency/person you specify unless Dr. Gallagher assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Dr. Gallagher will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**SECURE STORAGE, TRANSFER AND ACCESS OF RECORDS AT TERMINATION OF PRACTICE PROTOCOL:**

In the event that I close/terminate my practice in Arizona, I will notify active clients that they may locate me by calling me directly at a number provided to them by letter or direct verbal communication or by contacting the Arizona State Board of Psychologist Examiners at [www.psychboard.az.gov](http://www.psychboard.az.gov) for current contact information. I will maintain a professional telephonic contact number above and will keep the business email [wellnesspsi@gmail.com](mailto:wellnesspsi@gmail.com) for the period of time required to maintain records. Inactive clients may contact me via the phone number listed, email, or Arizona State Board of Psychologist Examiners. I will maintain the records in a secured location in Arizona. I will maintain current contact information with the Arizona State Board of Psychologist Examiners (licensing agency) for the period of time required to maintain records. I will also post two notices in the newspaper (two weeks apart) regarding the close of the practice and information for locating medical records. I will respond in a timely manner to client requests for copies or access to their medical records. Unless prohibited by illness or temporary travel unavailability I will respond within 30 days or other legally or ethically responsible requirements. I will dispose of unclaimed records after the current professional and/or legally specified time requirements by destroying records so that no confidential information remains in usable form. Currently, the timeline is six years for adults and 3 years beyond the age of 18 for minors, whichever is longer. In the event that circumstances require, I will forward record access and responsibility to another professional who will respond to record requests in accordance with legal and professional standards. Currently, Aaron Goldman, MD will be my professional executor and will properly review, prepare and respond to a request for records release.

**MEDIATION & ARBITRATION:** All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Gallagher and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Arizona in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Gallagher can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

**TERMINATION:** As set forth above, after the first couple of meetings, Dr. Gallagher will assess if She can be of benefit to you. Dr. Gallagher does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Dr. Gallagher either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Gallagher will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Gallagher will give you a couple of referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Dr. Gallagher will provide you with names of other qualified professionals whose services you might prefer.

**DUAL RELATIONSHIPS:** Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Gallagher's objectivity, clinical judgment or can be exploitative in nature. Dr. Gallagher will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, military bases, university campus, etc., multiple relationships are either unavoidable or expected. Dr. Gallagher will never acknowledge working with anyone without his/her written permission. Many clients have chosen Dr. Gallagher as their therapist because they knew her before they entered therapy with her, and/or are personally aware of her professional work and achievements. Nevertheless, Dr. Gallagher will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise Dr. Gallagher if the dual or multiple relationship becomes uncomfortable for you in any way. Dr. Gallagher will always listen carefully and respond to your feedback and will discontinue the dual

relationship if s/he finds it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** Dr. Gallagher does not accept friend requests from current or former clients on social networking sites, such as Facebook. It is believed that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, it is requested that clients not communicate with Dr. Gallagher via any interactive or social networking web sites. At times, Dr. Gallagher may conduct a web search on her clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss it with Dr. Gallagher.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless different agreement is reached, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. It is important for the therapeutic relationship, care and treatment to show up for appointments. After one missed appointment (without 24 hour's notice), a discussion about treatment will occur. If you miss a second appointment without proper notice, Dr. Gallagher may have to refer you back to your insurance company to find another provider.

I have read the above Informed Consent for Psychotherapy carefully (a total of 6 pages); I understand them and agree to comply with them:

**Parent/Client's Name (print)**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Client's Name (print)**

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Client's Minor Name (print)**

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Psychologist's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_