

Informed Consent for Psychological Services and Consultation

This document contains some information about my professional services. Please read, keep one copy for your records and discuss any questions you have with me.

Treatment, Risks & Length of Services: Most who obtain professional psychological services, including psychotherapy and consultation, will benefit. However, services may also have positive and negative consequences, and may vary in length depending on your needs.

Confidentiality: The privacy and confidentiality between us is generally legally protected. Normally, information can only be received or released with your written permission. Exceptions include: 1) if there is a reasonable suspicion of abuse/neglect of a child, elderly, dependent or disabled person; 2) if you may be in danger of harming yourself or another person; 3) as required by a third-party to obtain reimbursement; and 4) as otherwise ordered or required by law. This form does not cover every possible exception. I keep confidential records of each session.

Training, Experience & Professional Activities: I am a licensed clinical psychologist and certified psychoanalyst, through the C.G. Jung Institute of San Francisco. I earned my doctorate from the University of South Carolina, finished 2 years of post-doctoral training with children and adults, and completed a six year analytic training program which provided additional training. I am also a professor. I provide and receive training. I consult with professionals, who are also bound by confidentiality, and may consult about you. I utilize clinical experiences in my writings and for education, research and training. In such situations, personal identities and life situations are always disguised and identifying information is never used.

Fees: Appointments are billed at _____ an hour. Payment is either due at the time of the session or you may request a monthly payment arrangement where you are billed at the beginning of the month and payment is made in full by the 15th of the month. My fees increase each year in September. Related services, including phone calls longer than 5 minutes, are charged on a prorated basis. If you use insurance, please note you are responsible for paying me directly, completing forms and obtaining reimbursement. Please note that many insurance companies limit sessions and require access to confidential information.

Hours and Availability: I am available weekdays. Sessions are scheduled at least once a week for 50 minutes. I return phone messages promptly but, typically, am not able to speak for more than 5 minutes. If more time is needed, we can schedule an additional appointment.

Cancellations : Once we decide to work together, be aware I reserve a time specifically for you. You are billed if you miss without canceling or cancel with less than 24 hours notice.

Rights of Treatment & Alternatives to Treatment: Please ask if you have questions. I can assist you with a consultation or referral if you feel you are not getting what you need.

Emergency Services: In an **emergency or immediate** crisis, contact the police (911), an emergency room (Stanford: 650-723-5111) or a crisis service (San Mateo Crisis Line: 650-368-6655). Please notify me of your situation by leaving a message at my practice, (650) 579-4499.

I understand and consent to participate in the professional services I am seeking. I give Helen Marlo, Ph.D., permission to acknowledge to the individual who referred me to her that I have followed through with this referral. I have read and understood this agreement and have had my questions answered.

Print Name: _____

Signature of Patient/Guardian: _____ Date: _____

Signature of Patient/Guardian: _____ Date: _____