Informed Consent for Psychotherapy or Psychotherapeutic Consultation
(Individuals, Couples, Groups, and Families)

For Robyn Medcalf, LCSW

I am a licensed clinical social worker in California (LCS15104). Please complete this consent form and the attached survey. Your honesty will allow me to begin to understand your unique and personal needs. This information, like all information that you a share with me, is private and confidential, except as noted below. State and professional social workers' standards suggest that you be informed of all possible contingencies that might arise during short-and long-term therapy. Please check to be sure you have read, understood, and discussed all questions with me. An informed consent has the force of a contract, so we cannot proceed until we reach an agreement on all items. I have outlined the fee in the "Good Faith Estimate" I provided. Payment is expected at the time of service. You can pay via cash, check, Venmo, PayPal or Zelle. Please discuss what you need for insurance reimbursement with me.

Confidential Data Form

First Name _____ Middle Name _____ Last Name _____

Address _____

Home Phone Number _____
May I call and leave messages at this number?
Yes ☐ No ☐

Work Phone Number _____
May I call and leave messages at this number?
Yes ☐ No ☐

Email Address (if applicable) _____ Cell Phone Number (if applicable) _____

Birthday (MM/DD/YYYY) _____ Age _____ Social Security Number _____

Marital Status _____ Employer _____ Referral Source _____

Do I have your permission to contact the person who referred you? Yes ☐ No ☐

Person Responsible for Payment

First Name _____ Last Name _____ Phone Number _____

Address _____

Please describe any previous involvement in counseling or psychotherapy.

Please indicate how you heard of my services.

Are there particular concerns or issues that you would like to discuss in our first session?

Note on Cancellations: Due to the long-term nature of my practice, I must hold you responsible for all regularly scheduled consultation sessions whether or not you are able to attend. Should it be necessary for you to cancel an appointment, I must have one full working day's notice in order to waive the fee. Missed appointments for which I am not notified will be subject to the full session service charge. You nor I can bill your insurance for missed sessions.

Note on Insurance Reimbursement: Due to the complexities and time delays of insurance reimbursements, I must ask that you pay at the beginning of each session. If you wish to submit a form to your insurance company for reimbursement, I will provide you with the required form which you may submit directly. Bills will include a diagnosis and procedure code(s). However, reimbursement will depend on your insurance coverage based on the applicable diagnosis and procedure code(s). If approved, insurance payments will be sent directly to you

Independent Practice: While I share office space with other mental health professionals., our professional practices are independent. I am not partners with, nor do I have any legal association with any other mental health professional.

Confidentiality: State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonably well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights. We can discuss some foreseeable possibilities together.
6. Clients being seen in couples, family, and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when 2 disclosing private information to other participants in your treatment process. Secrets cannot be kept by the therapist from others involved in your treatment.
7. I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised.
8. Clients under 18 years of age do not have full confidentiality from their parents.
9. It is also important to be aware of other potential limits to confidentiality that include the following:

a. All records as well as notes on sessions and phone calls can be subject to court subpoena under certain circumstances. Most records are stored in locked files but some are stored in secured electronic devices.
b. Cell phones, portable phones, faxes, and e-mails are used on some occasions.
c. All electronic communication compromises your confidentiality unless used on a HIPPA compliant network.

Fees: The fee for service generally covers a 50-minute session and will be agreed upon prior to the first treatment session. The client will pay at the beginning of each session. Cost of living increases may occur on an annual basis. Telephone calls may be charged at approximately the same rate as personal consultation plus any telephone company charges. Interest at 12% per annum will be charged on all accounts over 60 days due.

Right to Withdraw Consent: I have the right to withdraw my consent for evaluation and treatment at any time by providing a written request to Robyn Medcalf, LCSW.

Expiration of Consent: This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

Availability: The therapist is available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance if possible.

Emergency number where Robyn Medcalf can be reached: (415) 516-9499 mobile

Termination of Treatment: The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist. The usual minimal termination for an ongoing treatment process is four to ten sessions but a satisfying termination to long-term work may take a number of months.

Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need of psychiatric consultation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. Patients have the right to refuse or to discontinue services at any time and complaints can be addressed to the California Board of Behavioral Sciences.

What Is Psychotherapy?

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to 3 alleviate specific problems causing distress such as depression, anxiety or relationship problems. Self-knowledge is seen as an important key to changing attitudes and behavior. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affections and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy.

Psychotherapy can be relatively short-term (8-16 weeks) when the focus is limited to resolve specific symptoms or problem areas, or longer term if the treatment focus targets more pervasive or long-standing difficulties. When the client feels she or he has accomplished the desired goals, then a termination date can be set. Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities.

Agreement for Psychotherapy Consultation

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received full and satisfactory response and agree to the provisions freely and without reservations. I understand that my therapist is responsible for maintaining all professional standards set forth in the ethical principles of his/her professional association as well as the laws of the state of California governing the practice of psychotherapy and that he/she is liable for infractions of those standards. I understand that I will be fully responsible for any and all legal and/or collection costs arising as a result of my contact with my therapist, including appropriate compensation for his time involved in preparing for and doing court work. I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment, I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration. Arbitration Agreement I agree to address any grievances I may have directly with my therapist immediately. If we cannot settle the matter between us, then a jointly agreed-upon outside consultation will be sought. If not, an arbitration process will be initiated, which will be considered as a complete resolution and legally binding decision under state law.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL or psychological MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE ONE OF THIS CONTRACT.

Article 1: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by lawsuit or resort to court process except as state law provides for judicial review or arbitration 4 proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Any arbitration process will be considered as a complete resolution and legally binding decision. The client will be responsible for the costs of this process. In agreeing to treatment, you are consenting to the above identified grievance procedures. This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract.

Client Signature	Date
Therapist Signature	Date
Legal Parent or Guardian Signature	Date

I give permission to Robyn Medcalf, LCSW, to communicate with the following person(s) in the event of an emergency such as danger to self, danger to others or severe psychological distress:

First Emergency Contact Information

First and Last Name _____ Relationship to You _____

Address _____ Phone Number _____

Second Emergency Contact Information

First and Last Name _____ Relationship to You _____

Address _____ Phone Number _____

State of the Therapist

This document was discussed with the client and questions regarding fees, diagnosis, treatment plan and "Good Faith Estimate" were discussed. I have assessed the client's mental capacity and found the client capable of giving an informed consent at this time.

Date _____ Initial of Therapist _____

Credential Information for Robyn Medcalf, LCSW

- M.S.W. (1985) University of California, Berkeley
- California Licensed Clinical Social Worker: LCS 15104 (since 5/16/1990)
- Member, National Association of Social Workers

Notice to Clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.