

Laura L. Darke, Ph.D.
Clinical Psychologist
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(310)208-1077

CONSENT FOR PSYCHOLOGICAL TREATMENT

INFORMED CONSENT

I consent to receive psychological treatment with Laura Darke, Ph.D. with the following understandings:

I understand that in psychotherapy I must participate actively in the treatment process and must assume a sense of responsibility for the changes that are desired. Psychotherapy may not have a specified length, yet I understand that I may terminate at any time.

Psychotherapy cannot be guaranteed to alleviate the presenting problems since factors such as severity and nature of the problem, length of treatment, and motivation/compliance may affect treatment outcome. Therefore, refunds will not be issued.

I understand that anxiety and discomfort may be aroused by the therapy process when working toward change. I also understand that there may be times when referrals to specialists may become necessary. In addition, I may request a referral at any time.

FINANCIAL ARRANGEMENTS

I understand that my account is due and payable at the time services are rendered. A monthly statement will be sent to you which will contain all the information necessary to file an insurance claim. In the case where health insurance is applied, the reimbursements should be made directly to patient, since the patient is responsible for direct payment to Dr. Darke. In very special circumstances, Dr. Darke may arrange for monthly billing in which case the account is due immediately upon receipt of the monthly statement. I understand that, if for any reason, my account were to go 30 days past due, appropriate finance charges will issue. I also understand that if an account were to go 90 days past due, the account would be sent to an outside collections agency. Billing services are conducted by an outside agency. All such billing personnel are trained to maintain the strictest rules of confidentiality.

CANCELLATIONS

IF AN APPOINTMENT HAS BEEN SCHEDULED, CANCELLATIONS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE TO AVOID FEE ASSESSMENT FOR THAT SESSION.

CONFIDENTIALITY

All attempts will be made to safeguard the confidentiality of information revealed during psychotherapy. However, there are a few legal exceptions requiring and/or permitting disclosure of information. These include, but are not limited to the following situations:

1. When there is suspected abuse to a child, elderly adult, or legally dependant adult.
2. When a patient presents a danger to him or herself or others. In the situation of potential harm to others, a warning must also be given to the threatened individual(s).
3. When a patient waives his/her right to confidentiality in a court of law.

4. If insurance is billed, the insurance company is entitled to receive a description of services provided, dates of services, fees charged, and a diagnosis. Your written consent is needed to provide any additional information. This same information is released to billing agency employees.
5. If worker's compensation is being billed for services, they may require periodic reports and may attempt to subpoena all records.
6. In the case where the patient provides a written or verbal Release of Information for the psychologist to be in contact with other health professionals involved in the treatment case.
7. When a patient is involved both in individual therapy and couple's therapy, information revealed during individual treatment may be useful and necessary to disclose during couple's treatment. If there is any information that should not be revealed during couple's therapy, it is the responsibility of the patient to alert the psychologist to this situation. There may be some information that cannot be kept confidential if it is to the detriment of the relationship.
8. In the case that an account is past due and sent to a collections agency, that agency will be supplied with any information needed to pursue collections.

EMERGENCIES

A message may be left at any time at 310-208-1077. If you do not get a return call within a short period of time, please call again. I understand that Dr. Darke does not carry a pager. In the case where Dr. Darke is out of town or unavailable, another psychologist will be on call to receive emergencies. The name and phone number of this psychologist will be left on the answering machine. In the case of a hospitalization emergency, UCLA NPI has a walk-in evaluation and treatment unit and can be reached at 825-0111.

My signature below indicates that I have read , understood, and agree to all of the terms listed above.

Signature_____

Name (Printed)_____

Date_____