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AUTHORIZATION FOR CLINICAL SERVICES

Welcome to my practice. You have contacted me for psychological, marriage and family, or coaching services. It is important that you read these documents carefully. When you sign them, they will represent an agreement between us.

1. Services will include evaluation and history taking, assessments when recommended, report and letter writing, telephone consultations, record keeping assignments for goal achievement, treatment or action plan, and in-office consultations.
2. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very 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.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

3. If you have contacted me for coaching, please request a different authorization or agreement form.
4. I usually schedule one 45-50 minute session per week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hour advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment.
5. Due to my work schedule I am usually not immediately available by telephone. While I am usually in my office from 10 am to 6 pm, I probably will not answer the phone when I am with a client. My voice mail is confidential and I will make every effort to return your call the same day or within 24 hours, except on weekends or holidays. When leaving a message please leave your phone numbers and the best times to reach you. If you are having an emergency, call your physician, hospital or 911.
6. The law protects the privacy of communications between a therapist and client. The information you share during consultation is confidential and will not be revealed to anyone without your express written permission, except as may be required by law.

There are some situations in which I am legally obligated to take action, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice:

- a. Suspected or known child abuse/neglect
- b. Suspected or known elder abuse, neglect, exploitation or isolation
- c. Risk of imminent serious harm to another

d. Risk of imminent serious harm to yourself

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- a. Court order for information about your psychotherapy if you are involved in litigation (consult with your attorney if you are involved in or contemplating litigation to determine if a court would be likely to order me to disclose information)
- b. Government agency requesting information for health oversight activities
- c. If a client files a complaint or lawsuit against me, I may disclose information about that client in order to defend myself
- d. Worker's compensation claim requires disclosure to the insurer or third party administrator
- e. Small claims court for breach of contract if the client does not pay his or her bill
- f. Filing of an insurance claim requires I reveal a client's clinical diagnosis, other clinical information such as treatment plans or summaries, or copies of your entire clinical record
- g. If the client is a minor the parents have the right to information and the clinical record

7. My hourly fee is \$175. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than the 45-50 minute hour.

CHARGES FOR CONSULTATION ARE AS FOLLOWS:

Initial Evaluation or Consultation	<u>\$175.00</u>	Group psychotherapy (90 min)	<u>\$ 50.00</u>
Individual Psychotherapy (20-25 min)	<u>\$ 90.00</u>	After Office Hours Add to Base Fee (Emergency, Sunday, Holiday)	<u>\$ 50.00</u>
Individual Psychotherapy (45 min)	<u>\$175.00</u>	Reports, letters (prorated per hr.)	<u>\$200.00</u>
Out-of-Office Consultation (per hr.)	<u>\$400.00</u>	Telephone Consult (per 15 min)	<u>\$ 60.00</u>
Monthly Consultation	<u>\$200.00</u>	Payment Due Each Session	<u>\$175.00</u>

8. Please know that psychotherapy is an interactive process and I welcome your feedback about how our work is progressing. Please be direct with me about ways that you believe I may better assist you with your goals.

By signing this, I understand I am agreeing to all of the above as well as these items in review. I understand that I am 100% responsible for the cost of my treatment and that payment is due at the time of each session. **A full fee will be charged for appointments not canceled 24 hours in advance.** This charge is not covered by major medical insurance and payment is the responsibility of the client. If processing insurance claims, the provider is authorized to release any necessary information. I authorize all benefits to be paid directly to D'Arcy Vanderpool.

I hereby apply for services and give my consent for treatment of: myself _____ or minor client _____

Signature of Client _____ **Date** _____

Name of Therapist _____