

**ANNE THOMPSON, PH.D.  
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## **INFORMED CONSENT FOR RECEIVING PSYCHOTHERAPY**

### **NATURE OF SERVICES**

Psychotherapy has both benefits and risks. I understand that it is intended to reduce or eliminate psychological symptoms and improve relational functioning. There are other forms of treatment available, including provision of medication, and other interventions that may be helpful in alleviating emotional distress. This psychological intervention may lead to substantial improvement but the process itself may be uncomfortable at times (i.e., experiencing painful feelings, decisions made that affect relationships or occupational situations, etc.). I am aware of these potential benefits and risks and consent to treatment.

### **CONTACT INFORMATION**

Dr. Anne Thompson, can be reached by phone: 424.246.6275. You will likely reach my voicemail and I will make every effort to return your call promptly. If your call is urgent, please indicate this in your message. In the event that you do not reach me, and your call is urgent, please contact your family physician or your local emergency room and ask for the psychologist or psychiatrist on call. Whenever I am unavailable for an extended period of time, I will provide you with the name of a colleague whom you can contact in my absence, if necessary.

### **CONFIDENTIALITY**

Information revealed during sessions will remain confidential unless disclosure is required by law (e.g., where there is reasonable suspicion of child or elder abuse, when the patient is a danger to others, or when the patient is likely to harm her or himself unless protective measures are taken). If there is ever a time when you enter your emotional status as an issue in any legal proceedings, then you may be waiving your right to the confidentiality of this relationship.

### **APPOINTMENTS**

Psychotherapy sessions are 50 minutes. If the patient is late for the session, Dr. Thompson will end the session at the scheduled time. A 48-hour cancellation policy is required. If 48-hour notice is not given to cancel an appointment, then the full fee of the patient's session will be charged. Insurance companies do not pay for this expense.

**PAYMENT FOR SERVICES**

Patients are expected to pay for their treatment on the date of service. Also, patients or family members are expected to pay according to Dr. Thompson’s hourly rate for any phone contact over 10 minutes in length. Delinquent accounts will be assessed at the current interest rate. Bank charges on returned checks are the patient’s responsibility.

**INSURANCE REIMBURSEMENT**

Patients who carry health insurance will be provided with billing statements they can use to submit their claim for payment to the insurance company. Dr. Thompson will provide whatever assistance is required to obtain reimbursement from the insurance company.

**PROFESSIONAL RECORDS**

Both law and standards of my profession require that I keep appropriate records of services provided. The confidentiality of these records is closely safeguarded. The records are kept in a locked place and both my individual office and the suite is locked when I am not in my office.

**RELEASE OF INFORMATION**

Should Dr. Thompson be required to communicate with a third party regarding the confidential treatment relationship (i.e., general physician, psychiatrist, attorney, judge, school, or other institution), a separate “Release of Information” form will be provided and signed by the patient before any such exchange occurs.

I hereby acknowledge that Dr. Thompson discussed the information contained in this form with me, including her business policies, limits of confidentiality, privacy practices, and the nature of the treatment process. I have read and understand this document.

\_\_\_\_\_ Date \_\_\_\_\_  
NAME

\_\_\_\_\_ Date \_\_\_\_\_  
Anne Thompson, Ph.D.

Patient’s Mailing Address:

Phone Numbers: