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AGREEMENT FOR PSYCHOTHERAPY

Welcome. This letter is to introduce myself and to give you information about my professional services and inform you of some of the risks, benefits, and procedures that accompany psychotherapy. This is intended to help you decide whether we can work together. Please read it carefully and ask me any questions that arise. When you sign this document, it represents an agreement between us.

Assessment and Treatment

Psychotherapy varies depending on the particular problems you bring as a client and the orientation and approach of the therapist. It is therefore important that you take care in selecting a therapist that fits your style and goals. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a general treatment plan. During this time, we can both decide if I am the best person to provide the services you need to meet your treatment goals. If you have questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan in general, please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

The goals of therapy are arrived at by mutual collaboration between us. The goals we establish will be reviewed during the course of our work in order to assess and/or modify the focus of therapy according to your needs. The results of therapy cannot be guaranteed. Treatment can be time-consuming and **does include risk**. Specifically, treatment can be stressful; it can bring on strong feelings, such as anger, frustration, sadness, or anxiety, and may result in changes that were not originally intended (such as divorce or remaining in a relationship you believed you would leave). For people in some professions (e.g., politics, law enforcement), the fact of being in treatment, if it becomes public, may negatively affect their career. There is a small risk that your condition will worsen due to treatment.

I utilize several different therapeutic techniques in my work with patients. Some of these techniques are exposure-based, which means that they treat anxiety and related symptoms via the gradual introduction of anxiety-producing stimuli and coping skills. I may recommend that these exposures take place outside the traditional office setting, such as in a car or public place. If recommended, I will discuss the clinical rationale for these recommendations. It is important for you to understand that these

techniques are designed to induce anxiety, albeit at manageable levels, to teach coping skills.

Alternative Treatments

There are many alternate and/or adjunct options to the treatment that I provide, and these may be recommended as part of the treatment plan. These options include but are not limited to: other types of psychotherapy, group, couple, or family therapy, testing or formal psychological evaluation and, in many cases, medications. Additionally, some individuals require more intensive care including intensive outpatient programs or hospitalization. If I recommend this for you, I will let you know what the recommendations are and the reasons for them. You are entitled to ask questions about all aspects of treatment.

The Client's Role

You are expected to play an active role in your treatment, including working with me to outline treatment goals and completing questionnaires at the beginning of treatment and periodically during treatment to assess progress. You may also be asked to complete homework assignments between sessions. If at any point you are unhappy about the progress, process, or outcome of the treatment, you are strongly encouraged to discuss this with me so that work can be done to resolve any possible differences or misunderstandings.

Dual Relationships

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together, and I will do my best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.

3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Please note that there are additional details pertaining to confidentiality in the Office Policies document.

Ending Therapy

You may decide to end our work together at any time. Ideally though, deciding when to stop our work together will be mutual process. This will allow us to discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, at least one termination session is recommended for closure of our work though the appropriate length of the termination depends on the length and intensity of the treatment.

During the first couple sessions, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I am not qualified to help. In such a case, I will give you a number of referrals who you can contact. I may also end treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used, if you require other or more intensive care than I can provide, or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating with you. Should you want to end our work and/or work with a new provider, I am happy to talk to a new psychotherapist of your choice in order to help with the transition, provided you complete a release of information. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you with referrals, and if I have your written consent, I will provide the psychotherapist of your choice with the essential information needed.

If you discontinue meeting with my for a period of four weeks or more, or you cancel or fail to appear more than two sessions in a row I will attempt to contact you. If I am unable to reach you, I will assume (unless other arrangements have been made) that you have elected to terminate your treatment and I will close your case. Of course, should you wish to resume your treatment, I will be happy to discuss that option with you.

Should I become incapacitated or die, a designated colleague (a licensed psychologist) will know how to access my medical records and will contact you to let you know of my incapacitation or death. This provider will also help you make arrangements for continuing your care with another provider if needed, and discuss arrangements for handling your medical record. By signing this agreement, you are granting this designated colleague permission to access your medical record for the above purposes only.