

**Brian L. Straub, LCSW**  
**6625 South Rural Road Suite 111**  
**Tempe, AZ 85283**  
**602.763.4367**

### **Psychotherapy Informed Consent**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods (person-centered counseling, cognitive therapy, EMDR) we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for an 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 benefits for people who participate in it. Therapy often leads to better relationships, solutions to specific problems, and reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an assessment of your needs. By the end of the assessment we will discuss your needs and wants and create a treatment plan. If you want other services or your need is outside of my area of expertise I will be happy to discuss other options with you. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat. Brian L. Straub is an Arizona Licensed Clinical Social Worker (LCSW-12335).

### **Appointments**

We will generally schedule 50 minute sessions. Attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. You may be billed \$20 for appointments you fail to cancel within 24 hours of your appointment time. Repeated late cancellations or missed appointments may result in termination of treatment.

### **Contacting me**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by my voicemail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room. My contact number is a cell phone; there are some privacy risks with cell phone conversations. If you should need to talk with someone during a crisis period when I am unavailable you could contact a 24-hour crisis hotline at 602.222.9444 or 480-784-1500 or 911.

### **Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] If you would like to review your records at anytime please speak with me.

## **Confidentiality**

In general, law protects the privacy of all communications between a client and a psychotherapist, and I can only release information about our work to others with your written permission. **There are a few exceptions to confidentiality.**

- **Court order exception**
- **Child or vulnerable adult abuse exception**
- **Danger to yourself or others**
- **If a lawsuit or board complaint is filed against me**

If I am required to disclose confidential information, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

## **Fees**

My session fee is a client-selected fee of \$35.00-\$50.00/50 minute session. In addition to weekly appointments, I charge this amount for any other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. You will be expected to pay for each session at the end of each appointment. Because services will not be provided without payment, a collection agency will not be used for non-payment.

## **Insurance Reimbursement**

**If you are using your health insurance to pay for services, please read and sign.** My co-pay for outpatient psychotherapy is \$\_\_\_\_\_. My required deductible is \$\_\_\_\_\_. I (client) authorize payment of insurance benefits to be made directly to the provider of services. I further authorize the provider to release, to my insurance company/companies, information from my records that is necessary for the insurance company/companies to process claims for services provided. I understand that I am responsible for the payment of counseling services received, should my insurance fail to reimburse Brian L. Straub, LCSW.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent for services**

Consent is hereby given for assessment and treatment under the terms described in this consent document. It is agreed that either of us may discontinue the assessment and treatment at any time and that you are free to accept or reject the treatment provided. I acknowledge receipt of a HIPPA Notice of Privacy Practices.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brian L. Straub, LCSW

\_\_\_\_\_  
Date

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**Client information:**

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Referred By \_\_\_\_\_  
Home Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ok to mail? \_\_Yes \_\_No  
Phone \_\_\_\_\_ Ok to call \_\_Yes \_\_No Ok to leave message? \_\_Yes \_\_No  
\_\_Male \_\_Female Relationship Status \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Would you like me to coordinate care with your PCP? \_\_Yes \_\_No  
If yes, PCP: \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information:** (If applicable)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Insured's Name (if not you) \_\_\_\_\_ DOB (if not you) \_\_\_\_\_  
Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Authorization Code \_\_\_\_\_  
Amount of co-pay \_\_\_\_\_ Deductible \_\_\_\_\_

**1. What brings in you for counseling?**

**2. What will tell you that things are improving?**

**3. Please list any medications you are currently taking and approximately how long you have been taking each one.**

**4. Please tell me about any major medical problems that you are currently receiving treatment for?**

**5. Have you received counseling before? Briefly tell me when, what for and if it was helpful.**

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## NOTICE OF PRIVACY PRACTICES (HIPAA INFORMATION)

### 1. Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures. **Treatment:** With your written consent only, we will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you. **Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission. **Business Associates:** We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract from them that contains terms that will protect the privacy of your protected health information. **Marketing:** We may use or disclose certain health information in the course of providing you with information about treatment alternatives, health-related services. For example, we may mail a brochure about marital enrichment weekend workshops. You may contact us to request that these materials not be sent to you. **Written Authorization:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by Law as described below. You may revoke this authorization at any time in writing. **Opportunity to Object:** We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. **Emergencies:** In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment. **Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree. **Without Opportunity to Object:** We may use or disclose your protected health information in the following situations without your authorization or opportunity to object: **Public Health:** for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease. **Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect if we believe that you have been a victim of abuse, neglect, or domestic violence. **Food and Drug Administration:** as required by the Food and Drug Administration to track products. **Legal Proceedings:** in the course of legal proceedings. **Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime. **Coroner or Funeral Director and Organ Donation:** for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes. **Research:** to researchers where their research has been approved by an Institutional Review Board. **Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information. **Workers' Compensation:** to comply with workers' compensation laws. **Compliance:** to the AZ Department of Behavior Health Examiners to investigate our compliance with their regulations. **As Required By Law:** In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law. **You May Obtain Your Records:** The records kept by this office are available to you. It is unlikely that a client would desire to obtain their file. However, the method for obtaining your file is to submit any type of written request with your name, address, and signature.

### 2. Area describing the rights you have:

**Inspect and copy your protected health information.** However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding. **Request a restriction of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly. **Request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. **Ask your provider to amend your protected health information.** You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

**Receive an accounting of certain disclosures we may have made.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

### **PRIVACY OFFICER INFORMATION**

The HIPAA Privacy Officer is Brian L. Straub. The Privacy Officer: Can answer your questions about our privacy practices, can accept any complaints you have about our privacy practices, and can give you information on how to file a complaint. You can call the Privacy Officer at 602-763-4367.

**END of Notice of Privacy Practices**