

R. Ray Clark, Ph.D.

*One Northgate Square
2 Garden Center Drive, Suite 205 - Greensburg, PA 15601*

Informed Consent and Practice Information

Welcome to my practice. This document contains some essential information about my practice and business policies. Please read and sign at the bottom to indicate you have reviewed this information.

Psychotherapy: Psychotherapy is a professional relationship that includes certain rights and responsibilities.

- As a patient, you are committing to attend appointments regularly, settle fees in a timely manner, and be an active participant in sessions by expressing your thoughts, feelings, and expected outcomes of therapy. Feel free to share whatever is on your mind.
- As a therapist, I am committing to treating you professionally and ethically, listening to your concerns, and using my skills to the best of my ability to further your growth and development.

Appointments:

- Regular attendance is essential for my therapy approach.
- My form of therapy works best at 1-2 sessions weekly: less frequency may not benefit you.
- Sessions are 45 minutes each (exceptions may be made) and held in my office.

Risks/Benefits: Therapy doesn't work for everyone. It is an intensely personal process and may have certain risks and benefits. For instance, some people are more irritable and moody for a time before they feel better.

Confidentiality: I make every effort to keep your information private. I need your written consent to release your personal information. However, confidentiality is not guaranteed in life-threatening situations involving threats to harm yourself or someone else, or reported abuse of children, the elderly, dependent adults, or if I am subpoenaed to release information.

Fees and Cancellations:

- My private pay fees are set using a sliding scale.
- I reserve the right to review my sliding scale pay structure twice per year.
- If my fees change, I will notify you in writing six weeks prior to the change taking effect.
- All payments must be made at the time of sessions.
- There is a full session fee charge for missed appointments and those not cancelled at least **36** hours in advance.

Contact and Emergencies:

- I do not do therapy by phone or email. Phone and email are to be used only for quick contacts to set or change appointments.
- In an emergency, immediately go to a nearby hospital, call 911, or call the ReSolve crisis network at (888) 796-8226. You can call me from there or afterward to let me know about the situation.
- If you require more than a brief phone call, you will need to come in for an extra appointment.

Freedom to Withdraw: You have the right to end therapy at any time. If you wish, I will try to give you the names of other professionals who might better fit your needs.

Treatment Alternatives: There may be treatment alternatives which I do not provide such as psychotropic medications, group therapy, or self-help options. I will be glad to discuss this. Let me know if you are interested.

Informed Consent: I have read and understood the statements above and agree to enter treatment provided by R. Ray Clark, Ph.D. This agreement will be valid for the duration of treatment unless updated by the therapist.

Patient Signature: _____ Date _____

Printed Name: _____