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**Psychotherapy Consent Form**

***Psychotherapy Overview***

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. 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 between sessions.

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 go through it. 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. There are, however, some constants which help set the framework for our professional relationship. I have outlined those as follows:

***Insurance and Patient Financial Responsibility***

If you are paying for your sessions with me through health insurance, an HMO, or another type of third-party payer, please be aware that seeking this type of payment generally allows these parties to have full access to clinical records, and may require that I submit diagnoses, clinical notes, or other materials in order to secure reimbursement. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. Also, third-party payers may limit the number or frequency of sessions for which they reimburse. Although it may be possible to obtain approval for further sessions through your payer, should they refuse reimbursement you are responsible for all fees for additional sessions. Please note: **A fee of \$100.00 will be charged to the client for any appointments missed with less than 24-hour prior notice and insurance companies, HMO's, and third party payers are not responsible for payment for missed sessions; the client is.** Balances outstanding for more than 60 days will be assessed 1.5% interest per month thereafter and your account may be forwarded to a Collection Agency at my discretion, in which case, the client will be further responsible for any additional collection fees that may be incurred.

***Confidentiality Disclosure***

All our communications are confidential, with the exception of some circumstances under which I am either allowed or required by law to breach confidentiality. In these situations, I will make every effort to maintain your confidentiality to the greatest extent possible while both adhering to law and protecting your safety. These situations include, but are not limited to: valid consent to release information (signed by you); dangerousness to self; dangerousness to others; reasonable suspicion of child, elder, or dependent adult abuse; and, court order.

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 patient. The consultant is also legally bound to keep the information confidential.

***Concerns and/or Emergency Situations***

Should you have questions or concerns of any kind, please do not hesitate to call my office voicemail at any time, day or night. I generally return calls within twenty-four hours, but will return urgent calls as soon as possible, so please let me know in your message whether your concern is urgent and be sure to leave your telephone number. However, because I am not always able to return urgent calls immediately, in the event of a medical, psychological, or other emergency, please seek whatever immediate assistance is appropriate - including going to the nearest emergency room or calling 911.

By signing below, you acknowledge that you understand and agree to the above.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian  
Name (print)

\_\_\_\_\_  
Parent/Guardian  
Signature

\_\_\_\_\_  
Date