

**Jennifer L. O'Connor, Ph.D.**

Licensed Psychologist (PSY24242)

616 S. El Camino Real, Suite G-15 • San Clemente, CA 92672

**(949) 292-9528**

**Notification of Informed Consent**

Welcome to the practice of Jennifer L. O'Connor, Ph.D. This document contains important information about my professional services and business policies. **Please review this document carefully** and sign your initials on the lines provided following each section, indicating that you have read and agreed to my policies. **When you sign this document, it will represent an agreement between us.**

**CONSENT FOR TREATMENT:** I, (insert your name): \_\_\_\_\_, authorize and request that Jennifer L.O'Connor, Ph.D. provide psychological services including, but not limited to, psychological assessment, treatment, and/or diagnostic testing advisable during the course of my care.

\_\_\_\_\_ (Please initial)

**PATIENT’S RIGHTS:** I (the patient) may discontinue treatment at any point if dissatisfied with the services. I may be provided with referrals to other resources to assist personal adjustment, if needed. Any unethical treatment can be reported to the California Department of Consumer Affairs at (866) 503-3321.

\_\_\_\_\_ (Please initial)

**PSYCHOLOGICAL SERVICES:** Psychotherapy is different from a medical doctor visit in that it calls for an active effort on the patient’s part as well as a commitment of time and energy. Since therapy involves discussing various aspects of one’s life, patients may experience uncomfortable feelings (i.e., sadness, anger). However, there is an expectation that patients will benefit from psychotherapy, but there is no guarantee that this will occur. **The maximum therapeutic benefit will occur with consistent attendance.**

\_\_\_\_\_ (Please initial)

**APPOINTMENTS AND CANCELLATIONS:** Psychotherapy appointments are 50 minutes in length and include assessment/treatment and the handling of all administrative details. Psychotherapy appointments are typically scheduled at the beginning of each month, for the entire month, to ensure that the patient will be guaranteed an appointment. Please note that the scheduling of an appointment involves the reservation of time set specifically for the patient and Jennifer L. O'Connor, Ph.D. **All cancellations and/or appointment changes must be made with at least a 24 hour advance notice to Jennifer L. O'Connor, Ph.D. All appointments cancelled/changed with less than a 24 hour notice will be charged at the full fee. Last minute cancellations are not permitted, unless it is a true medical emergency.** If the patient is unable to attend the scheduled appointment in person, the patient has the option of a 50-minute phone session during the previously scheduled time. Phone sessions are treated as regular appointments (i.e., same cancellation policy).

\_\_\_\_\_ (Please initial)

**PROFESSIONAL FEES:** The professional fee for therapeutic appointments is \$175. Payment is due at the time of service via cash, check, or credit card. Accounts unpaid for more than 60 days may be subject to legal means for securing payment (i.e., collection agency/small claims court). If such legal action is necessary, the costs associated with the action will be included in the claim. Checks returned for nonpayment will result in an additional \$32 charge for administration costs. The \$175 hourly rate is subject to change and all payments for services rendered are private pay (i.e., health insurance not accepted). Upon request, you will be provided with a receipt to submit to your insurance company. The

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patient is responsible for checking status of benefits, submitting receipts, and securing reimbursement. In the event that additional professional services are requested (i.e., written reports, phone contacts lasting more than 15 minutes, attendance at meetings with other pre-authorized professionals), Jennifer L. O'Connor, Ph.D. will charge \$40 per 15 minutes for additional services. If a patient becomes involved in legal proceedings that require Jennifer L. O'Connor, Ph.D.'s participation, the patient is expected to pay for her professional time.

\_\_\_\_\_ (Please initial)

**OUT OF OFFICE VISITS:** Jennifer L. O'Connor, PhD may, at her discretion, agree to provide 'out of office' visits if she determines that it is clinically necessary/advantageous to do so upon initial assessment. She reserves the right to require an in-person office visit with either the client and/or the client's family members before agreeing to make an out of office visit. Additional fees will be charged for travel to and from the location. If at any point Jennifer L. O'Connor determines that such visits are no longer clinically indicated, or is she has any concerns about her safety or well-being, she may discontinue the provision of out of office visit sessions immediately.

\_\_\_\_\_ (Please initial)

**CONTACTING ME/EMERGENCY:** Jennifer L. O'Connor, Ph.D. is not immediately available by telephone. Patients may leave a confidential voice message on the business line of (949) 292-9528, which is monitored frequently. Every effort will be made to return calls within two business days, with the exception of weekends and holidays. **If an emergency and/or crisis arises, please call 911 or go to your local emergency room.**

\_\_\_\_\_ (Please initial)

**PROFESSIONAL RECORDS:** Psychological laws and standards of this profession require that psychologists keep treatment records. Jennifer L. O'Connor, Ph.D. will maintain full responsibility for ensuring the storage, retention (15 years), confidentiality, and disposal of such professional records. In the event of Jennifer L. O'Connor, Ph.D.'s death, her husband will be responsible for transferring, storing, maintaining confidentiality, and disposing of all psychological records.

\_\_\_\_\_ (Please initial)

**INTERRUPTION OF PSYCHOLOGICAL SERVICES:** In the event that psychotherapy is interrupted by Jennifer L. O'Connor, Ph.D., she will make reasonable efforts to plan for further mental health services for the patient.

\_\_\_\_\_ (Please initial)

**EMAIL/ELECTRONIC COMMUNICATION:** Please be advised that any communications delivered and/or stored electronically (via computer/email/fax) may not be secure and could result in unforeseen limits on privacy. Jennifer L. O'Connor, Ph.D. will make reasonable effort to use techniques to restrict access to identifying information and is not liable in any way for the lack of security this type of communication may hold.

\_\_\_\_\_ (Please initial)

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**MINORS:** If a patient is under eighteen years of age, please be aware that the law affords his/her parents the right to examine treatment records. It is Jennifer L. O'Connor, Ph.D.'s policy to request a verbal agreement from parents in which they agree to give up access to minor's records. If the parent/s and/or legal guardian/s agree, Jennifer L. O'Connor, Ph.D. will provide them only *general information* about the therapeutic work, unless there is a reasonable suspicion that the minor will self-harm or harm someone else. In this case, Jennifer L. O'Connor, Ph.D. will notify the parents of her concern. Jennifer L. O'Connor, Ph.D. will also provide the parents with on-going treatment updates/progress. Before giving them any information, Jennifer L. O'Connor, Ph.D. will discuss the matter with the minor, if possible, and do her best to handle any objections the minor may have.

\_\_\_\_\_ (Please initial, if the patient is a minor.)

**CONFIDENTIALITY:** In general, the privacy of all communications between a patient and a psychologist, including that of minors, is protected by law. Therefore, Jennifer L. O'Connor, Ph.D. is not at liberty to release information to another professional or interested party without written permission except where disclosure is permitted or required by law. There are some instances where Jennifer L. O'Connor, Ph.D. is legally obligated to take action to protect patients or others from harm, even if she has to reveal some information about a patient's treatment. Disclosure may be required in the following circumstances (Standard 4.05):

- (1) When there is a reasonable suspicion of child abuse, elder abuse, or abuse of a dependent adult. In this case Jennifer L. O'Connor, Ph.D. is required by law to file a report with the appropriate state agency. There is no time limit on child abuse reporting. In the event that an adult patient reveals he/she was abused as a child, a report may be filed if there is reason to suspect the abuser is still victimizing a minor.
- (2) If Jennifer L. O'Connor, Ph.D. has reason to believe that a patient is threatening serious bodily harm to an *identifiable other*, she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient.
- (3) If the patient threatens serious bodily harm to herself/himself, Jennifer L. O'Connor, Ph.D. must take action to protect the patient including, but not limited to, establishing a *Suicide Prevention Contract*, contacting the patient's emergency contact/family member, and/or seeking hospitalization. Jennifer L. O'Connor, Ph.D. will disclose to others *only* information that is relevant to the crisis situation.
- (4) When disclosure is required pursuant to a court order. When the court issues an order to provide testimony or produce documents and attempts to have the order modified or vacated have been unsuccessful, Jennifer L. O'Connor, Ph.D. must comply with the order to avoid being in contempt of court.
- (5) In the event that the services of an attorney and/or collection agency are required to pursue any past due fees, Jennifer L. O'Connor, Ph.D. will first make reasonable effort to provide the patient with an opportunity to pay the outstanding fee (not to exceed 60 days past due).

These situations rarely occur in a private practice setting. If a similar situation occurs, Jennifer L. O'Connor, Ph.D. will make every effort to discuss it with the patient prior to taking action.

\_\_\_\_\_ (Please initial)

**PROFESSIONAL CONSULTATION:** Jennifer L. O'Connor, Ph.D. may occasionally consult with another professional regarding a patient. During a consultation, identifying information about the patient *will not* be revealed and Jennifer L. O'Connor, Ph.D. will only discuss information pertinent to the purpose of the consultation. The consultant is also legally bound to keep the information confidential.

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**“YOU FIRST” POLICY:** Please note that if Jennifer L. O'Connor, Ph.D. happens to encounter a patient outside of the office setting, she will uphold a “you first” policy. The “you first” policy means that the patient decides whether he/she wants to acknowledge the professional relationship between Jennifer L. O'Connor, Ph.D. and himself/herself when in public. Jennifer L. O'Connor, Ph.D. will maintain confidentiality.

\_\_\_\_\_ (Please initial)

**TERMINATING THERAPY:** Treatment is typically terminated when it becomes reasonably clear that the patient no longer needs the services. In general, therapy sessions are tapered down gradually (i.e., weekly to bi-weekly, then monthly, etc.). Jennifer L. O'Connor has the right to terminate therapy if she believes that she is unable to provide appropriate or specialized services given the unique needs of a particular client. In this case, she will provide referrals to professionals who have the appropriate areas of expertise. Jennifer L. O'Connor may also terminate therapy if a client refuses to follow recommendations that are critical to maintaining safety and/or standards of care. Jennifer L. O'Connor, Ph.D. may terminate therapy when threatened or otherwise endangered by the patient or another person with whom the patient has a relationship. Whenever possible, Jennifer L. O'Connor, Ph.D. will provide pre-termination counseling and suggest alternative service providers.

\_\_\_\_\_ (Please initial)

**ACKNOWLEDGMENT OF RECEIPT:** I understand that my participation in psychotherapy is voluntary and that I may terminate at any time. I have received a copy of the *Notification of Informed Consent*. My signature below indicates that I have read and fully understand the information provided in this document and I have been provided with an opportunity to ask questions. I agree to abide by this document’s terms during our professional relationship.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Client’s Name (print)

\_\_\_\_\_  
Parent or Guardian’s Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date