

# Catherine A. Gourley, Ph.D.

Licensed Psychologist #32050

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## Informed Consent Information

This information describes the ground rules under which I can work with you effectively, ethically and legally. It is followed by a separate page that amounts to an agreement between us to accept these rules as the basis of our working relationship and that permits you to provide me with the information I must keep in my files.

***Nature of Services.*** As a licensed psychologist, I provide long-term and short-term counseling and psychotherapy for individuals, couples, groups, and families, as well as psychological evaluations. My therapeutic approach, goals for therapy, and duration of services will be discussed with you individually.

***Appointments.*** I am available for individual appointments most weekdays beginning at 9 a.m. and continuing until as late as 5 p.m. If for some reason you must cancel the appointment, please notify me no later than the end of the previous business day. There will be a charge for a full office visit if you fail to notify me of the need to cancel.

***Fees.*** The initial intake interview is \$150. The fee for a 45-minute office visit with one person is \$135; the fee for a 45-minute office visit with a couple or a family is \$175. The excess portions of sessions that extend beyond 45 minutes will be charged in 15-minute increments. The fee for group work is \$50-\$60 for each 90-minute session. Telephone consultations will be charged in 15-minute increments at the rate the caller would be charged for an office visit. Finally, fees for psychological testing are reflected on a separate schedule.

It is very important that you pay the agreed-upon fee prior to leaving the office after each individual or group session, in the form of cash or check. If you find it inconvenient to write several checks per month, it is acceptable to pay for several sessions in advance. Fees that are unpaid, or that appear likely to be unpaid, will be discussed with you individually or in your group. Accounts are considered delinquent after two sessions are unpaid. At this point, if payment arrangements have not been made, routine appointments will cease until the situation is addressed. If you are having financial troubles that may affect your ability to pay for therapy, please let me know and/or ask for a confidential application for alternative fee arrangements.

***Insurance:*** I am currently a provider for Blue Cross/Blue Shield of Texas. In the event you have a policy with another insurance company I will consider working as an out-of-network provider, if their payment schedule is appropriate and if there isn't an unreasonable amount of administrative time involved.

**Confidentiality.** I treat all information shared with me with great care. I will not discuss you or anything identifiable about your situation with anyone other than to those persons authorized by you. There are several exceptions to confidentiality mandated by Texas State law: if the client is a danger to self or others, if child abuse is suspected or confirmed, or if a court subpoenas my records. Confidentiality is a particularly important consideration where group work is concerned. Group work is based on mutual trust, and violations of that trust can be detrimental to the group as a whole.

**Potential Side Effects.** It is important that you realize that working with a psychologist may sometimes lead to unexpected consequences. For example, you might learn enough about yourself that you would come to recognize that a job or relationship you were convinced was right for you has in fact contributed heavily to negative feelings; you might then decide to give up that job or relationship rather than continue to endure the emotional consequences of keeping it. In general, exploring problems may uncover painful feelings and it is important to know that this is a normal part of the growth process. One goal of therapy is to work through and resolve these underlying hurts and this requires your ongoing commitment to therapy.

**Complaints.** It is my hope to resolve any misunderstandings that may arise by discussing them with you. Indeed, working through such difficulties is one of the most effective ways to grow psychologically and emotionally. Nevertheless, should you have a complaint that you cannot resolve by talking with me or that you do not care to discuss with me, you have the right to call the Texas State Board of Examiners of Psychologists at (512) 305-7709.

**Alternative Services.** You should know that there are many forms of mental health assistance available in Austin and that it is perfectly appropriate to ask me about such alternatives. You also should know that you have the right to withdraw from my services at any time and that I will assist you, if you desire, with finding an appropriate referral.

**HIPPA Privacy Policy** – Please read the **HIPPA Privacy Policy** and note that you have read it on the Informed Consent form.

**Emergencies.** I have a voice messaging system which can be accessed only by me and my professional associates. It will be checked frequently if we cannot answer the phone personally. If you have an emergency and need to contact me:

1. Call the office number at 452-3392.
2. When you hear the outgoing message press #3 for my voicemail box.
3. Be sure to **leave your telephone number** on your message.

If you have not heard from me in what seems to you to be a reasonable time, please call 911 for emergency help. Or, go to any emergency room.

***These two pages are yours to keep.***

**INFORMED CONSENT**

***Please provide the information requested below. Your signature will indicate that you understand and accept the information contained in the two-page document "Informed Consent Information".***

Printed name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City and ZIP: \_\_\_\_\_ Special fee desired (Y/N)? \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ OK to leave message (Y/N)? \_\_\_\_\_

Work phone: \_\_\_\_\_

Who referred you to this practice? \_\_\_\_\_

May I thank your referral source (Y/N)? \_\_\_\_\_

What type of insurance do you have? \_\_\_\_\_

Will you want receipts to file for insurance reimbursement (Y/N)? \_\_\_\_\_

This acknowledges that I have read the HIPPA Privacy Form and may request a copy for my files. (Y/N).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date