# Informed Consent Agreement for Telepsychology Clinical Psychology Services

(California Residents)

Please refer to the Notice of Privacy Practices for important additional information.

#### **Consultation & Treatment Contract**

This document contains important information about the professional services and business policies of Dr. Craig Childress. Please read this document carefully and write down any questions you might have so that you can discuss them further with Dr. Childress. When you sign this document, it will represent an agreement between us.

Dr. Childress only provides treatment services to California residents, the state in which he is licensed. A different, limited-scope Telepsychology Consultation Informed Consent Agreement is required for telepsychology consultation with non-California residents.

#### **Agreement for Psychological Services**

I, \_\_\_\_\_\_, reside in California and I authorize and request that Dr. Childress provide psychological consultation and/or treatment services as deemed appropriate through his telepsychology office platform at doxy.me/drchildress. I have read and signed a separate Informed Consent for Telepsychology for this purpose.

This Informed Consent Agreement for Telepsychology Clinical Psychology Services is for providing psychological services of consultation or treatment.

#### **Description of Consultation Services**

Dr. Childress has specialized professional background and expertise in multiple areas of pathology. Clients may not be seeking therapy but may instead be wanting consultation from one or multiple domains of these areas of specialized practice. Consultation sessions can have a variety of goals for the client that do not involve the direct provision of psychotherapy. These goals for consultation will be discussed and agreed to with Dr. Childress and the client.

#### **Description Treatment Services**

Treatment-related services include the assessment, diagnosis, and treatment of pathology, including child pathology and family dysfunctions. Within the scope of his inperson practice, Dr. Childress provides all three treatment-related services. However, Dr. Childress limits his online practice in several ways;

• **Direct Assessment:** Dr. Childress does <u>not</u> assess children from an online videomediated platform. Assessment of children must be done in-person. Dr. Childress will provide assessment of adults using an online video-mediated platform, such as through the online office of Dr. Childress at doxy.me/drchildress.

- **Consultation on Assessment**: Dr. Childress is available to provide real-time consultation to an in-person mental health professional as they conduct the assessment, with Dr. Childress providing online video-mediated consultation through an online platform, such as the through the online office of Dr Childress at doxy.me/drchildress.
- **Direct Therapy**: Dr. Childress does <u>not</u> provide direct psychotherapy to children using an on online video-mediated platform. Child therapy must be done in-person. Dr. Childress will provide therapy for adults using an online video-mediated platform, such as through the online office of Dr. Childress at doxy.me/drchildress.
- **Consultation on Treatment**: Dr. Childress is available to provide real-time consultation to an in-person mental health professional as they conduct the treatment, with Dr. Childress providing online video-mediated consultation through an online platform, such as the through the online office of Dr Childress at doxy.me/drchildress.

The scope and nature of the client's treatment will be discussed with the client and Dr. Childress, and a treatment plan will be developed and agreed upon. If Dr. Childress is to serve in a real-time consulting role to another, in-person mental health provider regarding an identifiable patient, then all proper informed consents and releases of information need to be collected relative to the treatment by the in-person therapist.

# Confidentiality

In general, the privacy of all communication between a patient and a psychologist is protected by law, and information about our work together can only be released to others with the prior written permission of the client except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

# **Exceptions to Confidentiality**

<u>Legal Matters</u>: In most legal proceedings, the client has the right to prevent Dr. Childress from providing any information about their discussions with Dr. Childress.

<u>Limitations:</u> In some proceedings involving child custody and those in which the client's emotional condition is an important issue, a judge may order the testimony of Dr. Childress if the judge determines that the issues demand it. Also, when therapy or an evaluation is conducted by order of the court, the court may have access to the results of the therapy or evaluation. If you are involved in legal proceedings and have concerns about the confidentiality of the information you disclose as part the psychological services sought through Dr. Childress, you should consult with your attorney prior to beginning services with Dr. Childress.

<u>Protection Issues</u>: Information disclosed to a psychologist is generally subject to requirements of confidentiality.

<u>Limitations</u>: There are also some situations in which Dr. Childress is legally obligated to take action to protect others from harm, even if he has to reveal some information disclosed to him in confidence. For example, if Dr. Childress believes

that a child, elderly person, or disabled person is being abused, he may be required to file a report with the appropriate state agency; if he believes that a client is threatening serious bodily harm to another, he may be required to take protective actions; and if a client threatens to harm himself/herself, Dr. Childress may likewise be obligated to take steps to ensure the client's safety that may require the disclosure of some confidential information.

While this written summary of exceptions to confidentiality should prove helpful in informing you as the client about potential issues, it is important that you discuss any questions or concerns that you may have with Dr. Childress prior to the provision of psychological services. Dr. Childress welcomes the discussion of these issues with you as the client, however, formal legal advice may be necessary if you need specific advice because the laws governing confidentiality are quite complex and Dr. Childress is not an attorney.

## **Professional Fees**

The fee for psychological services from Dr. Childress is \$250 per hour. An hour typically involves 50 minutes spent in discussion and 10 minutes of Dr. Childress' time spent in professionally documenting the session. Additional time spent in client-related activities that are deemed to be important for the delivery of professional services, such as consultations with other mental health providers, teachers, physicians, psychiatrists, former therapists, or time spent reading or writing reports related to the client's treatment, will also be charged in 30-minute increments of time spent at the \$250 per hour rate.

## **Fees for Testimony**

If Dr. Childress is required to provide testimony at a deposition, trial, hearing, or other legal proceeding, time will be billed at \$300 per hour for time spent, including for preparation and travel as well as the time spent at the legal proceeding. Local-area testimony will be billed in 4-hour blocks of time that need to be cleared from the schedule of Dr. Childress, out-of-area travel will be billed at 8-hours per day for three days of time (two travel days plus one testimony day; plus hotel and travel).

# **Electronic Communication**

Dr. Childress uses the online platform of doxy.me to host his online office (doxy.me/drchildress). Dr. Childress uses hushmail for encrypted email communication (drchildress@hushmail.com). While the client may opt-out of using a secure email such as hushmail in favor of the more generic email service providers, use of an encrypted email for communicating with Dr. Childress is recommended. Information about the doxy.me platform security is available on their website.

Email and text messaging are not appropriate for emergency situations. Dr. Childress will develop and emergency plan with you the client at the start of your telepsychology work together. If you have an emergency, call 911, go to the local emergency room, or contact your primary care physician, and contact Dr. Childress once you have taken steps to resolve the emergency. See the Informed Consent for Telepsychology for more information on electronic communication.

#### **Professional Records**

The laws and standards of the profession require Dr. Childress to keep professional records. You are entitled to review these records unless it is believed that seeing them would be emotionally harmful, in which case Dr. Childress will send the records to a mental health professional of your choice. Because professional records can sometimes be misinterpreted and/or be upsetting to untrained readers, it is recommended that you review them in the presence of Dr. Childress or another mental health professional so that you can appropriately discuss the contents.

## **Termination of Therapy Services**

Dr. Childress may terminate professional services at his discretion. Termination may be considered appropriate if:

- The goals of treatment have been reached and professional services are no longer needed
- Dr. Childress does not believe that he can provide you with effective treatment
- Your needs are outside the scope of the experience or training of Dr. Childress
- You fail to comply with the treatment recommendations of Dr. Childress
- A conflict of interest develops
- You fail to pay the fee of Dr. Childress on a timely basis
- You or Dr. Childress believes it is in your best interest

If you or Dr. Childress decides to terminate therapy, then at least one closure session is recommended.

# **Informed Consent Agreement**

I have read the above Informed Consent Agreement for Telepsychology Clinical Psychology Services carefully. I understand and agree to the conditions described in this document.

Date

Dr Childress Date