

Informed Consent Agreement for Telepsychology Consultation Services

(non-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 with Dr. Childress. When you sign this document, it will represent an agreement between us.

Dr. Childress only provides limited-scope professional consultation services to clients who are non-residents of California, the state in which he is licensed. This initial consultation is limited to two sessions for the purpose of assisting the consulting client in develop options for possible solutions in their matter.

Agreement for Psychological Services

I, , authorize and request that Dr. Childress provide psychological consultation 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 Consultation Services is for a limited-scope informational consultation, with the purpose of providing Dr. Childress with information about a matter, and for receiving information from Dr. Childress regarding potential options for solution.

Description of Consultation Services

Dr. Childress has specialized professional background and expertise in multiple areas of pathology. Clients seeking professional consultation are wanting professional 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.

Among the potential goals for professional consultation are:

- **Information:** The client seeks general information from the specialty background and expertise of Dr. Childress regarding a form of pathology, its assessment, diagnosis, and treatment.

- **Consultant to Mental Health Professionals:** The client seeks information from Dr. Childress regarding his possible role as a consultant with the involved mental health professionals, and the client may want to provide Dr. Childress with information relevant to this possible future professional-to-professional consultation role.
- **Consultant to a Legal Matter:** The client seeks information from Dr. Childress regarding his possible role as a clinical psychologist in a legal matter and will then discuss this information with the attorney. A separate agreement with the involved attorney is required for Dr. Childress to assume a role as a consultant to the attorney or for expert testimony in a legal matter.
- **Other Consultant:** The client seeks consultation with Dr. Childress in another matter of interest to the client.

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

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

Limitations: 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.

Protection Issues: Information disclosed to a psychologist is generally subject to requirements of confidentiality.

Limitations: 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, yet 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 additional consultations with other mental health providers, teachers, physicians, psychiatrists, former therapists, or time spent reading or writing reports related to the client's requests will be charged in 30-minute increments of time at the \$250 per hour rate.

Fees for Testimony

A separate agreement with the involved attorney would be required for client-related testimony. This agreement covers only limited-scope professional consultation (two sessions).

Electronic Communication

Dr. Childress uses the online platform of doxy.me to host his online office (doxy.me/drchildress). Dr. Childress uses hushmail.com for encrypted email communication (drchildress@hushmail.com). While the client may opt-out of using a secure email such as hushmail.com 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 and its security is available from their website.

Email and text messaging are not appropriate for emergency situations. Dr. Childress and the client will develop an emergency plan at the start of their telepsychology work together. If you as the client have an emergency, call 911, go to the local emergency room, or contact your primary care physician, and then 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.

Informed Consent Agreement

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

Client _____

Date _____

Dr Childress _____

Date _____