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## INFORMED CONSENT

**1) Confidentiality:** All information discussed during therapy sessions is confidential. The therapist may not divulge any of this material without a written release from the client. The exceptions to this confidentiality rule are any information relating to child or elder abuse, or the intention to gravely harm one's self or others. In these instances, the therapist is required by law to take a number of steps, including breaking confidentiality, to avoid harm to the client or others.

**2) Payment:** The cost per fifty minute individual session is \$150; the cost of an 110 minute session is \$300. For couples, the cost is \$175 per fifty minute session and \$350 for 110 minutes. Payment is expected at the time services are rendered. If you do not pay when services are rendered, a \$20/session billing fee will be added. Clients who have insurance may submit a copy of their receipt of payment to their insurance company for reimbursement, although there is no guarantee that services will be reimbursed. Statements are issued once a month at the beginning of each month. If accounts become 30 days overdue for whatever reason, the client will be charged interest on the balance at the rate of 1 1/2% per month.

**3) Cancellation:** Since the scheduling of an appointment involves the reservation of time set aside specifically for you, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. If for any reason a session is canceled less than 24 hours prior, the full fee will be charged.

**4) Emergencies:** Emergency consultations consist of unscheduled sessions or phone consultations which occur after hours, on the weekend, or as a result of an urgent voicemail. Emergency consultations will be charged at \$180 per fifty minute hour. There will be a minimum charge of \$50 for telephone consultations. These emergency rates apply even if you have negotiated a reduced fee rate for scheduled sessions due to financial hardship.

**5) Text and E-mail Consultations:** Text and e-mail consultations, with the exception of brief communications that are strictly limited to managing scheduling and scheduling changes, will be charged at \$150 per fifty minute hour. There will be a minimum charge of \$50 for text and e-mail consultations.

**6) Other Services:** The cost of psychological reports, court testimony and depositions, and other special services will be agreed upon before performing the services. Case management services will be billed at the standard hourly rate of \$150.

**7) Panel Membership and Managed Care:** I am a provider for CenCal Health.

**8) Informed Consent:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you.

**9) Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I not provide, I have an ethical obligation to assist you in obtaining those treatments.

**10) Termination:** As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide them with the essential information needed. You have the right to terminate therapy at any time.

**11) Informed Consent for Telephone, Electronic, and Mail Contact:** Ordinary privacy precautions are by no means foolproof so that your confidentiality may be compromised when communicating by electronic devices or mail. You are also always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with me constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this form, you agree to and understand the following:

1. Many people feel comfortable communicating via email because they have installed programs designed to detect spyware, viruses, or other dangerous software. However, there is no guarantee that such programs will work 100%.
2. Sent and received emails are stored on both mine and your computer until deleted. Any saved emails will be kept in a password-protected account to which only I have access.
3. Whenever you send an email, it is stored in cyberspace. It is possible for authorities to locate and read such emails under various circumstances -- this is not my policy, but is due to the nature in which email is transmitted using the internet and other services or networks. For more information on this, please contact your Internet Service Provider or email service.
4. By signing below, you agree to the use of text and email as forms of communication to manage scheduling and sechedule changes. You agree that you understand the disclosures listed above regarding communicating with me using email and text. You also agree that if you send an email or text to me and request a response, that you are willing to accept the above-stated risks.

**12) Psychology Associate:** In the state of California, a psychological associate is a person who performs the work of a clinical psychologist (i.e., conducts therapy, group therapy, consultation, etc.) in preparation for licensure. Several conditions must be met in order for this person to register with the board of psychology as a "psychological associate" and provide services to the public. These include meeting the educational requirement outlined by the board of psychology, and being under the immediate supervision of a licensed psychologist. I meet these criteria. I am in progress of meeting the training and dissertation requirements for a doctoral degree which will qualify me for licensure as a Clinical Psychologist, and I work under the supervision of Dr. Stephen Bacon. You are free to contact Dr. Bacon at any time with any questions.

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Patient Signature:

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Date: