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**INFORMED CONSENT FOR TREATMENT**

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*Welcome to my practice. I look forward to getting to know you. This document contains important information about my professional services and office policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.*

**TRAINING & EXPERIENCE**

I am a psychologist licensed in Texas (TX-35201). I earned a BA in Psychology from Earlham College and a PhD in Counseling Psychology from the University of Houston. I completed a clinical psychology internship at the Veterans Affairs Los Angeles Ambulatory Care Center and a postdoctoral fellowship at the North Texas Veterans Affairs Healthcare System. I have had a variety of clinical, research, and teaching experiences in settings ranging from universities, hospitals, community programs, and independent practice.

**NATURE OF SERVICES**

Psychologists work with people seeking personal growth and awareness and/or help people with mental or emotional difficulties. People come to see me with a wide range of issues and unique needs. I provide individual therapy, consultation, and psychological assessment and testing services. I specialize in therapy aimed at issues of adjusting to life transitions, depression and anxiety, personal growth, healthy relationships, aging, military and veterans, grief/loss, and chronic and terminal illness.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. We will develop goals for therapy such as improved communication and/or interpersonal skills, increased self-confidence, stress management, ability to return to work, or the like. It is likely that your goals will change as therapy progresses and should be modified accordingly. There are many different methods I may use to work on areas of concern or dissatisfaction in your life, develop growth and insight, and help you achieve your desired goals. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress. You are entitled to information regarding your treatment plan, such as methods of therapy, the techniques used, and tentative duration.

While I see a variety of clients with unique needs, I am not an “expert” in all areas; we will discuss whether or not I can provide the treatment services (i.e. type of care, necessary frequency, and/or duration) required in your individual case. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should feel comfortable about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If concerns or doubts persist, I will be happy to provide referrals or help you set up a meeting with another mental health professional for a second opinion.

In order for therapy to be most effective, it is important that you take an active role in the process. Participation involves regularly attending scheduled appointments, being honest and open to thoughts and feelings, discussing concerns, completing outside assignments when appropriate, and providing ongoing feedback about the process. You have the right to withdraw from therapy at any time, although I recommend doing so only after discussing your feelings with me directly. Getting information or processing misunderstandings can often reduce discomfort and remove obstacles to treatment progress. I respect your right to terminate services. I generally suggest one last formalized session, so we can review treatment and consider your next steps. I will provide referrals for local treatment options and other therapists in the community when appropriate. You will be responsible for any outstanding payments for services received.

Reasons I may suggest ending therapy earlier than expected may include: it is reasonably clear that you no longer need, are not benefitting from, or are being harmed by treatment; you or someone in relation to you threatens or

endangers me; you are in need of services that I am not able to provide or would be better served by another clinician; non-compliance with treatment (e.g., frequent missed appointments, delinquent payment, etc).

### **THERAPY BENEFITS & RISKS**

Psychotherapy has some risks as well as many potential benefits. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These feelings may bother you at work, school, or home. Sometimes, too, it is possible for a client's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Progress depends on many factors such as the complexity and duration of the problem, the skill of the psychologist, the motivation of the client, and other life and situational circumstances. While results cannot be guaranteed, most clients do find that they benefit from psychotherapy. Please discuss your feelings about treatment with me.

### **CONFIDENTIALITY**

Privacy is essential to effective counseling. Under most circumstances, all information about you, in written or verbal form, conveyed to your therapist (including your identity as a client) will remain confidential. Information will not be disclosed without your written permission except in certain situations which include the following:

1. If you are determined to be in imminent danger of harming yourself or others
2. If you are a minor, elderly, or disabled person and your therapist believes you are or have been abused or neglected, or, if you disclose information about any such abuse/neglect
3. If you disclose sexual misconduct by a mental health professional
4. In legal or regulatory actions against your therapist, as required for defense
5. If a court order or other legal proceedings or statute requires disclosure of information
6. Anonymous disclosures to qualified personnel or government agencies for audits, evaluations, or research without personally identifying information
7. To third party payers (i.e., insurance companies) or those involved in collecting fees for services
8. Information contained in communications via mechanisms/devices with limited security/control, such as e-mail and telephone conversations/contact

While the above exceptions to confidentiality should be helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific legal advice, legal consultation is recommended. You may also contact the American Psychological Association at [www.apa.org](http://www.apa.org) or Texas State Board of Examiners of Psychologists at [www.tsbep.state.tx.us](http://www.tsbep.state.tx.us) or 512-305-7700. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). In order to be compliant with HIPAA rules, you have been given a separate and more detailed statement regarding protection and confidentiality of records (Notice of Privacy Practices).

A final note about maintaining privacy: I always work to protect the identity of my clients. If we were to meet by chance somewhere outside the office, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to honor your privacy and uphold the confidentiality of our relationship.

### **RECORDS**

Both law and ethical standards of practice require that I keep appropriate, ongoing records of our work together. These generally include intake information, a summary of each session, written information that you give to me, billing information, and any correspondence concerning your case. Your file will remain active while you are participating in treatment. When our work concludes, or it has been at least 30 days since our last contact, your file will be closed. You are entitled to request a copy of your records, but if you wish, I can prepare a summary. Because these are professional records, they can be misinterpreted and/or may be upsetting to lay readers. You

may be asked to make an appointment to review the information so that we can discuss the contents and I can answer any questions. You have the right to request corrections or additions to your record. You may be charged a fee for the time and administrative costs related to getting copies of your records. Records are maintained for 7 years after your last contact with your therapist and will not be released without your written consent except in situations described in Confidentiality section. If I must discontinue our relationship because of illness, disability, death, or other presently unforeseen circumstances, I will have arranged the transfer of your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

#### **CANCELLATION POLICY**

Therapy is most effective when you attend scheduled appointments consistently. Sometimes emergencies arise. If I need to cancel or change an appointment time, I will give you more than 24 hours notice, as I know you will have reserved the time for the appointment. If for any reason I cannot give you more than 24 hours notice, I will provide our next session free of charge. **Likewise, I expect that you will give me more than 24 hours notice if you must cancel an appointment. If, for any reason, you do not let me know more than 24 hours in advance you will be charged the regular fee for the time reserved. If your appointment is rescheduled for the same week without more than 24 hours notice, you will still be charged for the reserved time.** If you are late for a session, I am not able to extend the appointment to make up for lost time, and the full session fee will still apply.

#### **FEES**

Session fees are structured differently based on length of session and day of the week as follows: appointments Monday through Friday are \$200 for 55-minute sessions and \$290 for 85-minute sessions; appointments on Sunday are \$250 for 55-minute sessions and \$320 for 85-minute sessions. For many professional services, I will prorate fees for periods of less than one hour, beginning after the first 10 minutes; for example, for phone calls lasting longer than 10 minutes, or if I spend more than 10 minutes reading and responding to emails from you during a given week. Payment schedules for other professional services (e.g., assessment/testing, document preparation) will be agreed upon at the time these services are requested. A small cost-of-living increase to fees may apply each year. I will inform you in advance if a scheduled fee raise is approaching. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$375 per hour for preparation and attendance at any legal proceeding.

#### **BILLING & PAYMENT**

Payments can be made at the time of service with a credit or debit card through a secure online payment portal. I do not accept insurance. If you have insurance coverage, I am happy to provide you with receipt of payment and statement of services (i.e., Superbill) that will allow you to submit a claim for reimbursement to your insurance company. I recommend you call your plan administrator for questions about coverage for *Out of Network* benefits for mental/behavioral health. Please note that insurance companies require the therapist to identify a diagnosis, and there are some diagnoses for which they will not reimburse. Whatever information is disclosed to your insurance company will become part of the insurance company files and is subject to their privacy policies.

#### **CONTACTING ME**

**Phone:** You may contact me at 713-568-5709. Please leave a voicemail if I do not answer. I will attempt to follow-up with you within 24-48 hours. If you're experiencing an emergency, please call 911, visit your closest emergency center, or contact the 988 Suicide & Crisis Lifeline ([www.988lifeline.org](http://www.988lifeline.org)), which is a network of over 200+ crisis centers that provides 24/7 service via a toll-free hotline with the number 9-8-8. You may also contact MHMRA's 24-hour hotline at 713-970-7000 or the Crisis Intervention of Houston Hotline at 713-468-5463.  
**Email:** Although email has become a major means of communication, it may have limitations. You may send email to [connect@drmeghanparis.com](mailto:connect@drmeghanparis.com) but please note: 1) I cannot guarantee that your email will remain confidential. Although I do my best to keep your e-mail message private, administrators of the email platform and/or experienced computer users may be able to access our emails; therefore confidentiality cannot be ensured; 2) Email is best for administrative needs (i.e., appointment scheduling, brief questions); 3) Do not use email in emergencies.

OUR AGREEMENT

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RECEIPT & ACKNOWLEDGMENT OF INFORMED CONSENT FOR TREATMENT

Dr. Paris' Informed Consent document describes:

Training & Experience  
Nature of Services  
Therapy Benefits & Risks  
Confidentiality  
Records

Cancellation Policy  
Fees, Billing & Payment  
Contact Information  
Emergency Procedures

*The signature below indicates I have read, discussed, understand, and been given a copy of this document. It also indicates I have asked questions about any information I did not entirely understand or about which I had concerns. I agree to abide by all points presented therein. I am aware that I am encouraged to ask further questions now and/or in the future as needed.*

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Signature of Client (*electronic signature acceptable as original*)

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Date

*I, the psychologist, have discussed the issues above with the client. Based upon my observations of this individual's behavior and responses, my professional judgment is that s/he is freely giving informed and willing consent.*

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Signature of Megan M. Paris, PhD  
Licensed Psychologist

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Date