



## **Informed Consent Statement**

**David J. Goodman**

**Staff Psychologist**

**FL # LPY27**

Thank you for letting me serve as your psychologist. I am committed to providing you with quality, professional counseling. I'd like to share with you my educational and professional background, and to discuss the basics of our professional relationship.

Should you have any questions, please don't hesitate to ask.

### **Education, Credentials and Experience**

I earned both a PhD and Master of Education in psychology from Loyola University of Chicago (1994) and Indiana University (1989), respectively. I started my professional career in 1992 with the Chicago Public School System as a certified school psychologist. My clinical training continued in 1994, when I took a post-doctoral residency on a children's inpatient floor at Saint Therese Medical Center in Waukegan, IL.

During the next 25 years, half of which I spent as a Wisconsin licensed psychologist, I served individuals and families in medical rehab, skilled nursing, community mental health, and private practice. I am experienced in both psychological testing and psychotherapy, with individuals of nearly any age and most socio-economic-cultural backgrounds.

I recently moved from Milwaukee to Sarasota. The State of Florida granted my license to practice in June 2019. As a staff psychologist with Samaritan Counseling Services of the Gulf Coast, among other duties and responsibilities, I will focus on helping at-risk children and teens by participating in SCSGC's outreach efforts, and by providing psychological testing, behavioral counseling, and psychotherapy to those identified youth and their families.

### **Getting Started**

Our initial visits involve gathering information. We will discuss such issues as school, work, family, friends, as well as identify strengths and obstacles that may be important to your mental and emotional well-being. We will also explore whether any biological, situational, environmental, or personality factors are influencing your difficulties and symptoms.

## **My Approach**

To start off, I help my clients understand the social, environmental, and biological factors impacting their mental health. Next, each client and I uncover the steps leading the way to health and well-being. Once we know those steps, we begin working on a treatment plan – a type of “travel guide”. The travel guide is designed to allow each client to transcend their problems, to move *beyond* them. However, it takes immeasurable courage to navigate uncharted territory. Therefore, I work tirelessly to guide, support, and validate every client’s journey to make sure each client feels safe during their pilgrimage.

## **Working with Minors and Parents**

Parental involvement is often essential to success. This may require that I share information with a child’s or teen’s parents to help the child or teen implement an intervention, or if there is a risk or danger to the child or teen. Information shared will be at my discretion based on protecting the therapeutic relationship with the child or teen.

If you share legal custody of the child or teen, consent from both parents is needed. Documentation to support parental custody and/or a signature from both parents may be requested.

## **Monitoring Progress**

We will evaluate your progress and if necessary, we can always re-design your treatment plan and goals. Completing a symptom checklist prior to your appointments will help us measure your current concerns, issues, and symptoms, as well as address them accordingly.

## **Client Involvement and Participation**

Please know that your active involvement in therapy is crucial to your success. Your input is essential for establishing treatment goals and understanding the risks and benefits of any change. Your commitment and active participation in therapy is vital and include consistent attendance, reflecting on topics discussed in therapy, completing homework assignments, and actively participating in each session.

## **Risks and Benefits**

There are risks and benefits associated with psychotherapy. Risks may include, but aren’t necessarily limited to, severe discomfort. This can occur as we discuss painful experiences. Also, some changes may lead to feeling worse in the short run. However, with perseverance and consistency, the goal will be to decrease the frequency, intensity, and duration of your discomfort, and to improve the overall quality of your life.

## **Confidentiality**

I regard the information you share with me as sacrosanct. Furthermore, the privacy and confidentiality of our conversations, and my records, are protected by state law and my profession’s ethical principles. If there is a need to share information, I will first consult with you. There is a form that you can choose to sign allowing me to legally and ethically share information. The form specifies the information that you give me permission to release, and it

limits the time period to release the information. You can revoke your permission at any time by simply giving me written notice.

There are several important circumstances in which I cannot guarantee confidentiality, legally and /or ethically: **(1) when I believe you intend to harm yourself or another person; (2) when I believe a child, elderly, or disabled person has been or is in danger of being abused or neglected; (3) if a judge subpoenas my records – a rare but possible circumstance if you are involved in or become involved in litigation; and (4) if I consult with another mental health professional regarding your case.** Otherwise, I will not discuss your treatment, diagnosis, history or therapy attendance with family members or others without your knowledge and written consent. The American Psychological Association (APA) encourages psychologists to seek consultation when it is needed to ensure the objectivity and quality of the therapy. During such consultation no personal identifying information is used. Please be aware that Samaritan utilizes best practices in quality control to ensure both confidentiality and service review.

### **Explanation of Dual Relationships**

It is important for you to be assured that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Therefore, I cannot accept friend requests on social media, and I cannot speak to you in public unless you speak to me first. Also, I cannot accept gifts having monetary value.

### **Emails and Text Messages**

In order to protect your private health information, please **do not** email or text confidential information or details about therapy. Emails and texts will be limited to scheduling appointments and forwarding resources as relevant. I am unable to provide therapy or make recommendations via email or text. If you have a question or comment between sessions, please call or reserve these notes for the next scheduled appointment.

### **Cancellation Policy**

We will schedule our sessions through our mutual agreement. Please help me serve you better by keeping scheduled appointments. If you are unable to keep an appointment, please notify me **at least 24 hours in advance** to avoid a late cancel fee. To cancel and/or reschedule please call me at **414-324-6348** to reach me directly or to leave a voice mail message; or contact me by email at [davidg@samaritangulfcoast.com](mailto:davidg@samaritangulfcoast.com). **If I do not receive 24 hour notice and you do not have an emergency, you are responsible for a \$75 no show or late cancelation fee.** Please note that insurance companies, churches and client assistance funds (CAF) do not pay for missed sessions, therefore you will be responsible for the \$75 fee and are expected to be paid at the next appointment. This fee is collected to cover the overhead expenses and sustainability of Samaritan Counseling Services of the Gulf Coast.

### **Length of Sessions**

I assure you that my services will be rendered in a professional manner consistent with the highest ethical standards. Typically, sessions are 45 to 50 minutes in duration.

### **Fees/Method of Payment**

Payments of all fees, copays, and no-show/late cancel fees are due at the time of service. Please be prepared to pay at each session with cash, personal check (made out to Samaritan Counseling Services of the Gulf Coast) or credit card. Fees will be charged for bounced checks. I will provide a receipt for payment upon request.

Self-pay fees for psychotherapy are \$115 for the initial one hour session and \$105 for each subsequent 45-50 minutes session. It is important to resolve balances prior to sessions in order to prevent interruption of services per SCSGC policies and procedures. Any requests for completion of paperwork such as FMLA or disability documentation, record requests, letters, extended phone calls, and/or school consultations or observations may be subject to an additional fee as arranged by myself and in accordance with SCSGC's policies and procedures.

### **Billing/Insurance Reimbursement**

If you wish to seek reimbursement for my services from your health insurance company, I will complete any reasonable forms related to your reimbursement provided by you or your insurance company. You will be expected to pay co-payments/deductibles at the time of your session. **It is your responsibility to determine your insurance coverage.** All efforts will be made to obtain ahead of time insurance patient responsibility information; however, **please note that these are estimates and may change based on your insurance claim processing results.** As a courtesy, we are willing to file your insurance claim. It is important for you to know that you will be required to give me permission to share any information with your insurance company that they need to process your claim. The client is responsible for any remaining balance after insurance processing or for claim denials or balances.

### **Emergencies**

*I do not provide emergency services.* In case of an emergency, you should call 911 at any time of day or night. The following crisis assistance agencies may be available in Sarasota County: Bayside Center for Behavioral Health at 941-917-7760, or Coastal Behavioral Healthcare's Crisis Stabilization Unit at 941-364-9355; and in Manatee County: Centerstone Hospital at 941-782-4617 (2020 26<sup>th</sup> Ave E. Bradenton), or Suncoast Behavioral Health Center at 941-251-5000.

**If for whatever reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.**

### **Telephone Availability**

As stated above, in compliance with HIPAA regulations, I cannot respond to email or text messages containing private information. I will be required, in fact, to delete that information without responding or acknowledging it. Please use electronic means of communication for appointment scheduling or changes only.

I can be reached by email at davidg@samaritangulfcoast.com, or you may use my direct number 414-324-6348 to arrange appointments and for cancellations/reschedules. I will make

every effort to return your call within 24 hours depending on office hours, with the exception of weekends and holidays.

### **Vacation and Illness**

From time to time I will be out of contact due to such things as continuing education seminars, vacations, illness, family emergencies, etc. Psychotherapy is a uniquely personal service and therefore therapy may be briefly interrupted. I will give you advance notice whenever possible. If an emergency arises while I am unavailable, please follow the emergency procedures outlined above.

### **Complaint Procedures**

If you are dissatisfied with any aspect of my work, please let me know immediately. I want to provide you with the best possible counseling services. If you think you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve the problem with me, you may contact Rev. Rick Howell, Executive Director of the Samaritan Counseling Services of the Gulf Coast at 941-926-2959, 3224 Bee Ridge Road, Sarasota, Florida 34239. You can submit a complaint or receive clarification of your rights from Rev. Howell.