

CLIENT NAME: _____
CLIENT NUMBER: _____

Informed Consent Statement
Dr. Dennise Lawry, Psy.D.
Licensed Clinical Psychologist

Thank you for the opportunity to offer my professional help to you. The following information is designed to let you know about my educational and professional background, and to ensure that you understand our professional relationship. I am committed to providing you quality, professional counseling, and your questions or comments are encouraged.

Psychological Services

I make every effort to provide you with the highest quality mental health services available. As a Licensed Clinical Psychologist, I provide mental health services to adults, adolescents, children, groups, couples and families. These services include: therapy for individuals, groups, couples and families; play therapy for children; educational and psychological evaluations; custody and visitation evaluations; and consultation. *I do not provide emergency services*, though I certainly will make every attempt to be available to you as soon as possible should a crisis occur. For psychological emergencies, call 911 or go to the nearest hospital and ask for the psychiatrist on-call.

Education and Credentials

I have been working in the mental health field for over 12 years. I am a Licensed Clinical Psychologist in the state of Florida. I earned my Doctorate and Master degrees in Clinical Psychology from Wheaton College and earned my Bachelor of Science in Psychology and Biology from the University of Miami.

My professional experience and training includes providing treatment to individuals with a variety of presenting problems including depression, anxiety, anger, stress, abuse history, trauma, grief, codependency, self-esteem, relationship problems, divorce, behavioral problems in children, ADHD, and blended families. I look forward to learning about your unique situation and helping you with your individual needs.

I also have extensive training in the integration of Psychology and Theology, the blending of faith-based counseling with empirically validated psychological treatment. I earned a Certificate in Advanced Biblical Studies from Wheaton College. I have worked at the Center for Church Psychology Collaboration under Dr. Mark McMinn, a leading researcher and author in the field of integration. I participated in writing several publications with Dr. McMinn, including "Maintaining Personal Resiliency: Lessons Learned from Evangelical Protestant Clergy" in the Journal of Psychology and Theology.

I am committed to assisting my clients who desire a faith-based approach to draw upon religious and spiritual resources for their personal healing and growth. I also respect each person's individual beliefs and I do not impose my personal religious beliefs on Clients.

My Therapeutic Orientation

I take an integrated Cognitive-Interpersonal approach, derived from the work of Jeremy Safran. My therapeutic approach is a blend of Cognitive Behavioral (problem-solving) and Interpersonal (relational) methods. My theoretical orientation also draws from the psychodynamic and family systems principles.

I believe that the therapeutic relationship is extremely important in the process of healing, restoration and growth. My desire is to help you identify and resolve inner issues and work towards restoring your level of functioning to optimal health. I will help you to learn and practice the skills you will need to achieve your goals.

I will conduct an initial comprehensive evaluation, and employ the particular approach/approaches that I believe will be most effective in attaining the goals you and I have established for our work. It is important to realize that your active involvement in the therapy process will be the most influential contribution to success. Your commitment to this process is vital and includes preparing for and actively participating in each session. Your input is essential in establishing treatment goals, focal issues, risks and benefits of change, the time commitment involved, costs, and other pertinent aspects of your situation. Periodically, we will evaluate your progress and, if necessary, redesign our treatment plan, goals, and/or methods.

As with any successful intervention, there are both benefits and risks associated with psychotherapy. Risks may include experiencing uncomfortable levels of feelings such as sadness, guilt, shame, anxiety, anger, frustration or conflicts with other people. Some changes may lead to feeling worse in the short run, but with faithful commitment to the therapeutic process, you should experience the relief, healing, and growth that you seek.

Confidentiality

I regard the information you share with me with the greatest respect, so I want to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, are your privilege and are protected by state law and my profession's ethical principles, in all but a few circumstances. If for some reason there is a need to share information in your record, you will first be consulted and asked to sign a release of information form authorizing a transfer of information. The form will specify the information, which you give me permission to release to the other party, and will limit the time period during which the information may be released. 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; and, (2) when I believe a child or elderly 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. The American Psychological Association (APA) encourages psychologists to seek consultation when it is needed to ensure the objectivity and quality of the therapy. Such consultation is thematic in nature and no personal identifying information is used. Otherwise, I will not disclose anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and consent.

Minors and Parents

In the state of Florida, children and adolescents less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. It is my policy not to provide treatment to a child under 18 unless he/she agrees that we can share general information about the progress of his/her treatment and attendance at scheduled sessions. Before giving parents any information, I will discuss the matter with the minor if possible, and do my best to handle any objections he/she may have, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents (or other authorities) of my concern immediately and regardless of any objections the minor may have to me doing so.

Parents, Informed Consent and Divorce

If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, please note that my services fall under this, and you may be in violation of a court order if you fail to inform the other parent of my services with your child. Also note that to provide consent for treatment for your child you must either have sole legal custody OR have shared legal custody, and if you have no legal custody you cannot provide consent for treatment.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically and spiritually, 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 the sessions you arrange with me. Because I desire to respect your privacy, I will not speak to you in public, unless you speak first. Because ours is a professional relationship I cannot accept gifts having monetary value.

Length of Sessions

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-50 minutes long. The remaining 10-15 minutes of the session hour are reserved for your therapist to complete session notes. We will schedule your sessions by mutual agreement.

Fees/Method of Payment

Fees for psychotherapy are \$115 for the initial session and \$100 for each subsequent session. I prefer that you pay at the conclusion of each session. Cash or personal checks are acceptable for payment. I can provide you with a receipt for payment and you can request a monthly statement of your account. If for financial reasons you are unable to pay the full fee, please request an "Application for Fee Subsidy" and return it with the requested information.

Cancellations and Rescheduling

Your appointment time is reserved exclusively for you. Please help me serve you better by keeping scheduled appointments. If you are unable to keep an appointment, please call me at 1-877-DR-LAWRY (1-877-375-2979). The full fee is charged for appointments missed and for appointments cancelled less than 24 hours in advance. Please note that insurance companies do not pay for missed sessions, therefore you will be responsible for the entire fee.

Billing/Insurance Reimbursement

If you wish to seek reimbursement from your health insurance company, I will complete any reasonable forms to enable you to do so. You will be expected to pay co-payments and /or deductibles at the time of your session. It is your responsibility to determine whether or not your insurance company will reimburse you and to what extent you will be reimbursed. If I am required to provide clinical information, I make every effort to release only the information about you that is necessary for the purposes requested. By signing this agreement, you agree that I can provide required information to your insurance carrier in order to process your claim.

Contacting Your Psychologist

I can be reached directly at 1-877-DR-LAWRY (1-877-375-2979), online at <http://www.DrLawry.com/> or by email at mail@drlawry.com. Please note that I will not answer the telephone when I am with a client. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. Email is not a secure form of communication and confidentiality cannot be guaranteed. I will respond should you choose to email me regarding non-clinical issues such as appointment scheduling.

In Case of an Emergency

I do not provide emergency services, though I certainly will make every attempt to be available to you as soon as possible should a crisis occur. If you or the situation will not allow waiting, you can obtain crisis assistance by calling the Bayside Center for Behavioral Health of Sarasota Memorial Hospital at 1-800-764-8477 or 941-917-7760. If for whatever reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.

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. In the event that 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 inform me immediately. This will make our work together more efficient and effective. If you think you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you may contact Rev. Rick Howell, Th.M., Executive Director of the Samaritan Counseling Services of the Gulf Coast, 3224 Bee Ridge Road, Sarasota, Florida 34239 at 941-926-2959. You can lodge a complaint or receive clarification of your rights with Rev. Howell.

I look forward to our continued meetings and to learning more about you, your hopes and aspirations and how we can work toward making them a reality.

Please sign and date both copies of this form, and return one to me.

Client's Signature _____
Counselor's Signature _____
Date