

## Kim Roser-Kedward, LCSW (LCS22405)

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### **Treatment Information and Consent Form**

Welcome to my practice. This document contains important information about my professional services, qualifications and business policies. Please read it carefully and write down any questions that you might have so that we can discuss them during our initial meeting. When you sign this form, it will represent an agreement between us.

**Services:** I provide clinical services to help adults resolve psychosocial stressors and mental health concerns. Outpatient clinical services include an initial evaluation/assessment and individual psychotherapy. Some services may be in collaboration with your primary care physician and/or psychiatrist. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

**Possible Benefits and Risks of Therapy:** Therapy is a process in which results are not guaranteed. Therapy can, at times, be difficult when painful issues and emotions are explored. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Sometimes symptoms like anxiety or sadness worsen before they improve. Also, sometimes as you begin to change your thinking and behavior, your relationships with others (e.g., your spouse or friend) can change as well, potentially creating conflict within these relationships. Clients sometimes have a difficult time terminating treatment because ending treatment can bring up issues of separation and feelings of sadness and loss.

On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Potential benefits of therapy include increasing self-understanding and self-confidence, learning new ways of coping with difficult feelings and life situations, and exploring and changing life patterns to lead a happier, healthier life. Therapy provides the opportunity to learn and practice skills that will help cope with thoughts and feelings in more adaptive ways. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

**Qualifications:** I am a Licensed Clinical Social Worker (LCS 22405) with a Master Degree in Clinical Social Work, Mental Health emphasis, from San Diego State University (2000). I received my Bachelor of Arts in Psychology from the University of California, Los Angeles in 1994. My education, training and experience include providing counseling and psychotherapy to adult civilians and veterans across the life-span who suffer from anxiety, mood disorders, drug and alcohol abuse, PTSD and other trauma disorders, relationship issues, challenges with communication skills, and career-related problems. Prior to launching my private practice in 2007, I held a six-year clinical position at UCSD Healthcare Outpatient Psychiatric Services. Most recently I was honored to provide mental health treatment to our nation's veterans at VA Healthcare San Diego from 2012-2016. I am trained in multiple theoretical approaches such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Attachment Theory, and psychodynamic/family-of-origin approaches.

**Meetings:** Our first few sessions will involve a thorough assessment and evaluation of your needs as well as your motivation to actively participate in the process of improving your mental health. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will involve, including possible duration of treatment, frequency of sessions, and likely treatment interventions that will target your problems. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. You should carefully select a therapist, as different therapists have different theoretical orientations and treatment approaches. You should carefully consider if my approach fits your needs. Therapy involves a large commitment of time and energy, so you should also be very thoughtful about deciding whether you are ready or if this is the best time to engage in therapy. If you have questions about my procedures, we should discuss them whenever they arise. If psychotherapy is begun, I will usually schedule one 45-minute session per week at a time we agree on. As therapy progresses and your symptoms improve we may reduce the frequency of your sessions (e.g., every other week, then possibly monthly). Please note: a minimum of 24 hours advance notice is required to cancel or renegotiate the day and time of your appointment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Confidentiality:** In general, the confidentiality of all communications between a patient and a Licensed Clinical Social Worker is protected by law, and I may only release information about our work to others with your written permission. However, there are a number of exceptions when a Licensed Clinical Social Worker is required by law to disclose confidential information:

1. If a client threatens to harm himself/herself, I am required to seek hospitalization for the client, and/or contact family members or other professionals who can help provide protection.
2. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which includes notifying the potential victim, notifying the police, and/or seeking appropriate hospitalization.
3. If I suspect that a child, an elderly person, or a disabled person is being abused (verbally, mentally, physically or financially) I must file a report with the appropriate state agency. This automatically includes any report of viewing child pornography.
4. In the event of failure to pay a bill in reasonable time, the name of the patient may be given to a collection agency.
5. Records and information regarding your diagnosis and treatment must be submitted to your insurance carrier to obtain payment and authorization for continued treatment.
6. If required to do so by a law enforcement official, for example a subpoena or lawsuits and similar proceedings in response to a court or administrative order.
7. To disclose health information to others without your consent if you are incapacitated or if an emergency exists.
8. Per Section 215 of the USA Patriot Act of 2001, Federal Government Agencies can obtain a subpoena to gain access to your clinical record, and under these circumstances, I am not allowed to inform you that your file has been accessed.

**Consulting With Other Professionals:**

- If other professionals are involved in your care, such as a psychiatrist or primary care physician, I will ask that you sign an Authorization to Release Information, so that we may communicate and collaborate to provide the best possible care.
- I may occasionally find it helpful to consult with other mental health professionals, who are not involved in your care, about a clinical issue. In these consultations, I make every effort to avoid revealing the identity of my patient. The consultant is, of course, also legally bound to keep information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.
- In the event of my incapacitation, disability or death, I have authorized my colleague, Terry Wilke, LCSW, to have access to my patient files and my appointment book. As a mental health provider, she is, of course, bound by confidentiality as well.

**Professional Records:** Both the law and the standards of my profession require that I keep appropriate treatment records. Your clinical record is stored in a locked file cabinet. State law requires that I keep your clinical record for 7 years after the date of our last meeting, at which time the file may be shredded. You are entitled to receive a copy of your records. However, the law also allows me to not release your records to you, if in my professional judgment, I determine that it is not clinically appropriate to do so. In this case, I may choose to provide a written summary of your treatment instead. There is a fee for copying costs and preparation time required to comply with an information request.

**The Therapy Relationship:** Because clients disclose to their therapists many deeply felt personal thoughts and experiences, the relationship can become close and very important. Sometimes clients come to want the relationship to become more than a professional service relationship, whether it be a friendship, a romantic relationship, or a business association. Although these feelings are understandable, it is necessary for clients to understand that we can only have a professional relationship.

As part of our initial conversations, we will explore whether we have any situations that would put us into social or business contact with each other. I will also be concerned about social or business ties that I may have with your relatives or friends. We will discuss such situations thoroughly. If we conclude that we cannot manage these existing situations without conflict of interest or invasion of your privacy, I will offer to refer you to another professional.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contacting Me:** As I do not interrupt therapy sessions or other meetings to answer phone calls, I am usually not immediately available by telephone. When I am unavailable, my telephone is answered by a voicemail which I monitor Monday through Friday between 8 a.m. and 5 p.m. In your message please communicate some good times to reach you. *If I do not return your call within 24 hours, it may be that your message was incomprehensible due to poor cell phone transmission of your call.* Nevertheless, please try again and attempt to reach me via a land line, if possible.

**My policy regarding texting and e-mail contact:** Because I cannot guarantee your confidentiality with this communication format, I do not communicate with my clients via e-mail or text. Please call me at 619-379-7450 and leave me a message.

**If you are in Crisis:** If you are in imminent danger to yourself or others, you should call 911 or go to the nearest emergency room.

- If you cannot reach me, and you feel that you cannot wait for me to return your call, you may contact the San Diego Access and Crisis Line at 1-888-724-7240.
- If you are a veteran, you may call the Veterans Crisis Line: 1-800-273-8255 and Press 1.
- You can also call the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call.

**Professional Fees/Cancellations:** You will be provided with a separate, detailed description of professional fees and cancellation policies.

**Termination:** The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with your therapist. I will discuss a plan for termination with you as you approach the completion of your treatment goals. The primary reason our professional relationship exists is to help you meet your goals. When you have achieved those goals and if no new issues have arisen, then it is my ethical duty to end our work together. During our work together, we will continually review your progress. When either of us feels that your objectives have been achieved, or that we are no longer meeting your goals, we will terminate our professional relationship.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefitting from treatment, either of you may elect to initiate a discussion of your treatment alternatives, which may include referral, changing your treatment plan, or terminating therapy. In the event that you decide to terminate therapy, I ask that you schedule one final appointment so we can review your progress and discuss any referrals that might be beneficial to you. You will also be obliged to honor any unsettled financial obligations. If new issues arise in your life, you are welcome and encouraged to resume our professional relationship.

**There are a few situations in which I must end service regardless of your wishes:**

- If I am convinced that you no longer need service and cannot benefit from continuing, I must end service.
- If I am convinced that your needs surpass my ability to help you, I must refer you to a source of suitable help.
- If I am convinced that an alcohol substance use disorder is present, I must refer you to a source of suitable help, as this is an obstacle to benefitting from treatment.
- If you do not abide by the policies and procedures of this setting as set forth in our working agreement, I must end service.
- If our service relationship becomes compromised, troubled, or deteriorates, I must end service. This includes situations in which *your confidentiality could be compromised* (e.g., if we must unavoidably cross social paths); *conflicts of interest arise* (e.g., if you change jobs and my spouse becomes your supervisor); *tensions and disagreements result* in you become abusive, or you harming or threatening to harm me or anyone close to me.

In any of these cases, I will make every effort to discuss my decision with you in the hope that we can come to a mutually agreed-upon ending. Finally, you can be reassured that, even in the above circumstances, if you are in crisis, I will make every effort not to end our relationship until the crisis is resolved, and I will do so only in a situation of danger to one of us.

**Authorization for Services:** I have read the information in this treatment information and consent and I have asked questions about anything I have not understood. By signing this form, I freely acknowledge my willingness to participate in psychotherapy to be facilitated by Kim Roser-Kedward, LCSW, and that I received a copy of this consent.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_