

INFORMED CONSENT

Who Should Sign this Form

This form must be signed by the patient or, if the patient is a minor (under the age of 18 years), it must be signed by a parent. For the purpose of this form, the term *parent* means either a biological or adoptive parent, unless parental rights have been terminated by a court. The term may also mean any person who has been awarded legal custody, even if temporary, by a court of law due to a ruling that the biologic or adoptive parents are either unavailable or unable to carry out parenting responsibilities at the present time. Each person who has legal custody of the child should sign this form, or a second copy of this form, unless the person who is seeking services for the child and who is signing this form has been awarded sole legal custody.

Conflict of Interest

If you are familiar with Dr. King from any other setting or have reason to believe there are any factors that could potentially interfere with Dr. King's ability to place the patient's best interests above any other concerns, it is possible a conflict of interest could exist. If this is the case, please call this to Dr. King's attention immediately. If a conflict exists and cannot be resolved, Dr. King will help you identify another mental health provider to help you.

Dr. King's Specialties and Methods

Dr. King specializes in the diagnosis and treatment of disorders of childhood and adolescence. Treatment approaches include behavioral and cognitive-behavioral interventions which are typically prescribed for daily use in natural settings such as the home, community, and school. Parents or guardians are highly involved in the treatment of their children. Parent-child interactions are closely examined and adjusted as needed.

Dr. King also treats adults who are experiencing mild-moderate mood, anxiety, and personality disorders, especially as their difficulties impact parenting capacity. Dr. King further specializes in work with court-involved families, especially families impacted by high-conflict disputes or abuse. There are agreement forms for this forensic work which explain her role in these cases.

You are encouraged to ask questions about any aspect of Dr. King's work with you, especially interventions that might be recommended for use outside the office. You should not use any procedures you do not understand or are uncomfortable using. Do not hesitate to contact Dr. King by telephone between sessions if you have any questions or concerns.

It should be understood the treatment provided by Dr. King may not help everyone she sees. Dr. King typically tries to seek some information about prospective patients before scheduling appointments to help ensure their needs are consistent with her services. If, after working with a patient, whether after one session or several sessions, Dr. King believes she is not the best provider to address a patient's concerns, she will discuss this with the patient or the patient's parent or guardian and help them transition to a more appropriate provider.

This form is continued. Place your initials here to indicate you have read this page: _____

Should you feel your time spent in treatment is not, or is no longer, beneficial, please do not hesitate to discuss this with Dr. King. She will discuss possible adjustments or help you find a provider who might be more appropriate for your needs.

Confidentiality

Dr. King will keep information revealed by you during sessions strictly confidential and will not reveal that information to any other person or entity without your written permission, except as outlined in the ***Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information (Notice)***, a document you are being given with this form. This document contains important information about how your protected health information can be used and disclosed *with your consent* for treatment, payment, and health care operations. It discusses how your protected health information can be used or disclosed for other purposes *only with your written authorization*. In addition, it discusses the situations in which Dr. King is required by law and/or ethical code to reveal to persons or entities information about you which was obtained during sessions *without your consent or authorization*.

If you apply for medical, life, or disability insurance in the future, you may be required to permit prior insurance providers to release your medical records, including diagnoses you have been given. This is so the insurance company to which you are applying can decide whether they will agree to cover you. Persons whose records reveal they have been diagnosed with a mental health disorder are sometimes denied medical, life, or disability insurance. If Dr. King is submitting claims to your insurance company, she must provide a diagnosis. If you do not use your insurance company and, instead, pay cash for services, Dr. King is not required to diagnose you and would not be sharing any information with your insurance company.

You are urged to respect the privacy of other patients by not disclosing their identities or any other information about them which you may incidentally learn due to your presence in this office. Confidentiality is encouraged in all marital, family, couples and group therapy sessions. However, be aware other participants are not legally bound to maintain confidentiality.

Your signature below serves as an acknowledgment that you have either received the Notice described above or read the form on Dr. King's web site. Your signature indicates you have read and understood to your satisfaction the information in this document and the Notice. Your signature indicates you give your consent for evaluation and treatment. You further give your consent for Dr. King to use or disclose your protected health information for treatment, payment, and health care operations purposes.

Name of patient

Birth Date

Signature of patient or, if patient is a minor, parent/guardian

Date signed

Signature of other parent/guardian

Date signed

PLEASE RETURN THIS FORM AND KEEP A COPY FOR YOUR RECORDS