Lynn E. O'Connor, PhD. Professor, The Wright Institute Director, Emotion, Personality & Altruism Research Group URL: www.eparg.org 4440 23rd Street San Francisco CA 94114

Psychological Services, Clinical & Research Consultation & Professional Coaching

Phone: (415) 819-9137

E-Mail: lynnoc@lynnoc.com

CA. LIC. PSY 13759

E-Mail: loconnor@we.edu

Informed Consent Contract for Psychotherapy/Consultation

The following are policies under which I operate my private practice. Please feel free to discuss any of these with me at any time.

Psychotherapy Sessions

Psychotherapy, as I practice it, is a collaborative process. My intent is to build a relationship with you where you feel free to talk about your thoughts, feelings, and behaviors along with your life situation, in order to help you overcome problems that are getting in the way of your ability to pursue the goals you wish to pursue. I hope you will take the lead in our conversations as much as possible, although I am interactive in psychotherapy. You are free to ask anything about me that you want. I practice using an integrative model, that is relational (interactive), integrated with other treatment models. I intend to serve as your "psychologist," which includes: 1) Keeping you informed about advances in psychological science that may be relevant to you and your concerns; 2) Keeping you informed about various models of treatment applicable to your problems, including those that have been supported by empirical research.

In some cases, I will recommend additional modes of treatment. I may suggest that you participate in a peer support group in addition to psychotherapy, or I may recommend a specific modes of treatment, such as cognitive behavioral treatment, as a primary model of psychotherapy, or as an adjunct to integrative psychotherapy.

In some cases, for example if you suffer from a depression, obsessive compulsive or other anxiety problems that I think might be helped by medication in addition to psychotherapy, I may suggest that you seek a medication consultation (with a psychiatrist or other medical doctor) to aid in the process of recovering from your current difficulties and moving forward in your life. Psychotherapy usually leads to improved relationships, healthy solutions to specific problems, and significant increases in mental clarity and emotional balance. If I suggest additional modes of treatment, such as peer support group participation or psychopharmacological interventions, I hope you will seriously consider these suggestions and follow them to the extent that they seem appropriate and practical to you.

Appointments

Psychotherapy sessions are 50 minutes in length. Sessions are held at least once a week. More frequent meetings may be arranged should you want them, or may be recommended in order to meet your particular needs. Once an appointment hour is scheduled, you will be expected to pay for that hour, except under certain unusual circumstances.

Confidentiality

By California law and the ethical code of the American Psychological Association, our conversations are protected by doctor-patient privilege. The content of our sessions will remain confidential unless: 1) A written release of confidentiality is signed by you authorizing me to speak with a specific person or group; 2) A disclosure is court ordered, or a disclosure is mandated by state law. Additional circumstances in which confidentiality may not be maintained are discussed below.

There are three conditions in which disclosure of privileged conversations is mandated by law: 1). Any reasonable suspicion of child or dependent abuse, or knowledge of elder abuse; 2) You make a credible threat to the physical well being of others, and 3) You are likely to take, or you attempt to take your own life.

If there is ever a time when my professional input becomes an issue in a legal proceeding (i.e., child custody evaluations, workmen's compensation claims, etc.) then a judge may subpoena my treatment records, and/or mandate my testimony. In most legal proceedings, however, I may be able to prevent providing the court any information regarding your treatment.

Professional Fees

We will discuss fees in our first or second meeting. In our initial consultation I will ask you to pay according to your ability -there will be no predetermined fee for our first and perhaps our second session. My fee for writing an official report or assessment is \$250 per hour.

If you become involved in legal proceedings that require my professional input, you will be expected to pay for my time even if I am ordered to court by another party. Because of the difficulties and complexities involved in attending to legal matters, I will usually suggest that you consult with a specialist (a psychologist who specializes in court appearances). In addition, my fees for participation differ from my customary rates. For a business day in court (more than six hours), my fee is standard flat rate of \$2,500. For less than a full day in court, my fee is \$250 per hour (60 minutes).

Insurance Reimbursement

To protect your confidentiality, and to maintain the integrity of my professional treatment and/or consultation options, I do as little business with insurance companies as possible. Financing your treatment is usually a fairly straightforward process, and we can discuss the options available to you. If you wish to use insurance, we will discuss the details of what the insurance company requests in terms of regular reports.

Contacting Me

The quickest and most efficient way to reach me is through E-mail as I am online most of the time. I also have a voice mail (415) 819--9137, on which you can leave me a confidential message, although I check my voice mail less often than my E-mail. To the best of my knowledge, no one else has access to this voice mail account, and no one else has access to my E-mail account(s). When I hear from you, I will make every effort to return your call or E-mail on the same day. I want you to feel entirely free to get in touch with me as needed. I have two email accounts: loconnor@wi.edu and lynnoc@lynnoc.com

Please sign below:

I have read this document and give my consent for treatment/consultation.

Name (Please Print)

Signature: _____ Date: _____

Witnessed by Lynn E. O'Connor, treatment/consultation provider

Signature:	Date:
------------	-------

Lynn E. O'Connor, Ph.D. 4440 23 Street San Francisco, CA 94114 3