



Inner Journey Psychological Services
Necoe Otto-Parkinson, Ph.D.

2200 E. River Road, Suite 121
Tucson, AZ 85718
www.InnerJourneyTherapy.com

Phone: (520) 971-5578
Fax: (520) 577-3516

Information for Clients and Consent to Treatment

Welcome to Inner Journey Psychological Services, the independent private practice of Necoe Otto-Parkinson, Ph.D. I appreciate your giving me the opportunity to be of help to you.

This handout answers some questions clients often ask about the practice of therapy. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This handout talks about the following in a general way:

- Information about my background and credentials, and approach to therapy
- What the risks and benefits of therapy are
- What the goals of therapy are
- How much my services cost, and how I handle money matters
- Other important areas of our relationship

After you read this information, we can discuss it in person. Please read all of it and mark any parts that are not clear to you. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well, and give you a copy for your records.

My Background

I have been licensed as a clinical psychologist in Arizona since 2001. The intensive training that I received to become a psychologist helps me to accurately assess the situation and effectively treat problems that people face. I am trained and experienced in doing individual therapy, couples therapy, and family therapy. I also conduct psychological evaluations, provide consultation services, and give workshops and presentations. I work with children, adolescents, adults and seniors. I have worked in a variety of treatment settings and have experience working with various mental health conditions, from severe mental health disorders to adjustment problems or relationship difficulties. I hold these qualifications:

- I have a doctoral degree in clinical psychology from the University of South Dakota, a program approved by the American Psychological Association (APA).
- I completed an internship in clinical psychology at Denver Health Medical Center (approved by APPIC, the Association of Psychology Postdoctoral and Internship Centers)
- I am licensed as a psychologist in Arizona.
- I am a member of the Southern Arizona Psychological Association (SAPA).

About Psychotherapy

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a provider carefully. I strongly believe you should feel comfortable with the therapist you choose, and feel that this person can be of benefit to you. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

I use a cognitive-interpersonal approach to therapy, and utilize some dialectical behavior therapy (DBT) concepts. In therapy, we work on addressing thought patterns, behavioral choices, emotions, and relationship dynamics. The objective of treatment is to help the person improve overall functioning and increase general well-being through being more aware of one's patterns and choices. Relationship issues are frequently focused on, and processed in the session. Often I make specific suggestions for the individual to work on things between sessions. Healthier ways of being and interacting with others are encouraged. As part of a

holistic approach to treatment, I also often make recommendations or referrals to other health care professionals, providers, or community resources that may be of benefit to you.

Therapy is a partnership between us. You identify the problem areas you want to work on, and I provide a supportive environment and specific suggestions for you. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved.

Typically, after one or two sessions, we will develop goals for treatment. In the treatment plan we will identify the areas to work on, and can discuss a realistic time frame for accomplishing your goals. From time to time, we will review the goals and assess your progress. If needed, we can then make changes to the treatment plan, its goals, or methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. Additionally, oftentimes people address issues from their past and long-standing relationship patterns. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you *can* learn new ways of looking at things in your life that will be very helpful for changing your reactions and how you feel.

Most of my clients see me once a week or every other week at the beginning. After that, we may meet less often for several more months to monitor progress and ensure that changes are successfully maintained. Therapy then may wrap up. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review the goals, the work we have done, and any future work that needs to be done. We can discuss other things that may be of benefit to you. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. Talking together about this we can often make such a “time out” more useful.

I have read, understand, and agree to the section titled “About Psychotherapy”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

The Benefits and Risks of Therapy

As with any powerful treatment, there are some inherent risks, as well as many possible benefits with therapy. You should think about both the benefits and risks when making any treatment decision. Sometimes before an individual decides to start therapy, he or she is avoiding dealing with the difficult things in his or her life, and is putting off making changes. Then, as he or she begins to address these issues in therapy, things may seem to get worse initially. With time, things will be sorted out and improvements can be made. In therapy there is a risk that the client will have to deal with uncomfortable feelings or memories, and may struggle with making new choices. Relationships are sometimes re-evaluated as the individual makes changes in his or her life. Another risk is that some people still have a stigma about therapy, and may view anyone who attends therapy negatively. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. There are no guarantees of what a client will experience or how he / she may benefit from therapy.

While you consider these risks, you should know also that the benefits of therapy typically far outweigh the risks. Overall, research has shown that therapy is beneficial. People who are depressed may find their mood lifting; others may no longer feel as afraid, angry, or anxious. Some people learn how to better get along with others, which results in improved relationships. Some learn how to better manage addictions or other

destructive behaviors. In therapy, people have a chance to work through difficult feelings and situations. Clients' relationships and coping skills may improve greatly. Individuals may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many positive directions. Through therapy, people can learn how to better function at work, school, or home. Many individuals are able to enjoy their lives more fully.

I have read, understand, and agree to the section titled “The Benefits and Risks of Therapy”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

Consultations and Referrals

This is the independent private practice of Dr. Necoe Otto-Parkinson. While I may share office space with other mental health professionals, we are all independent practitioners. As a responsible person and ethical psychologist, I evaluate how treatment is progressing. If it is felt that you could benefit from a treatment I cannot provide, I can be of assistance to you obtaining this. You have a right to ask me about such other treatments, their risks, and their benefits. I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them. If you request a second opinion from another professional, or wish to talk with another therapist, I can help you find a qualified person.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA.. First, I am licensed and trained to practice psychology. Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations (this is explained further in the “Confidentiality” section of this handout). As part of my efforts to maintain your privacy, if we meet on the street or socially, I may not say hello or talk to you very much. Third, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. This also means that I cannot give or receive gifts for any reason. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state licensing board. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, have treated you unfairly or feel that a professional rule has been broken, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Arizona Board of Psychologist Examiners, the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to another professional. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow both parents to be informed about their child’s treatment and have access to their child’s treatment records.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please let me know this before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If this is the case, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat.
4. If I believe a child or vulnerable person has been or will be abused or neglected, I am legally required to report this to the authorities.
5. If there is a complaint or law suit against me where I have to defend myself.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This is due to the fact that I would be seen as being biased in your favor since we have a therapy relationship and because the court process could affect our therapy relationship.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations. First, when I am away from the office for an extended time, I have a trusted colleague “cover” for me in case of an emergency. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult with other professionals about my clients. This helps me to give high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them (unless you sign a release of information allowing this) and they will be told only as much information as they need to know to understand your situation.

Except for the situations I have described above, the office staff and I will always maintain your privacy. All staff members who see your records have been trained in how to keep records confidential. I also ask you not to disclose the name or identity of any other client being seen in this office.

If your records need to be sent to another professional, we will discuss it together. If you agree to share these records, you will need to sign a release of information form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is state law and my policy to destroy clients’ records six years after the end of our therapy (or, in the case of minors, six years after their 18th birthday). Until then, I will keep your case records in a safe place. If I

must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask that you agree to my transferring your records to another mental health professional who will assure their confidentiality, preservation, and appropriate access. If we do family or couple’s therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

I am required to keep records of the professional services I provide. You may ask about the records kept in your file at any time. Because the records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however if requested, I can provide a treatment summary. If there is a signed release of information, I will be happy to send a treatment summary to another mental health professional that is working with you. There may, however, be an additional charge for this service. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information would be harmful to you, but I would discuss this with you.

Please know that your records will be kept confidential. I will hold on to your records for a certain number of years and then they will be shredded. Clients and previous clients have a right to know how they could access their records. Generally the best way would be to contact myself directly and I will provide this information in the form of a treatment or termination summary in a timely manner. However, if something should happen in the future to me (e.g., if I were to move to another state or become deceased) previous clients are able to contact the Southern Arizona Psychological Association to find out how to obtain this information. Prior to any planned move or departure, I would make an effort to contact current or previous clients from the past six years through the most recent telephone number or address listed in my records.

I have read, understand, and agree to the section titled, “Confidentiality”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

Scheduled Appointments

A session is typically for 45 - 50-minutes once a week or every other week. Oftentimes, a regular appointment time is set for a client. I will tell you in advance if there are times when I will be gone for a period of time.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask for your understanding. I also assure you that you will receive the full amount of time. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

I request that you do not bring children with you if they are young and need babysitting or supervision. If I am doing therapy with your child, you are to supervise him / her at all times. You are responsible for any damage to, or theft of property in this office by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables that you bring into this office.

I have read, understand, and agree to the section titled, “Scheduled Appointments”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

Missed or Late Cancellations

Your session time is reserved just for you. I also do this for my other patients. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss any sessions if you can possibly help it. When you must cancel, please give me at least a week’s notice. If you do not show up for a session or it is cancelled with less than 72 hours notice, you may be charged a \$70 fee, as your insurance will not cover this charge.

I have read, understand, and agree to the section titled, “Missed or Late Cancellations”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

Fees, Payments, and Billing

Payment is due at the time services are rendered. For a 45-50 minute session the fee is \$145. Cash, a personal check or credit cards (Visa, MasterCard and Discover) are accepted. A returned check fee of \$25 will be charged for each check returned by the bank for non-payment. Please pay for each session at its end. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting. You will be given advance notice if my fees should change.

While it is rare, there could be times when I would charge this rate for other services provided, such as telephone contacts lasting longer than five minutes, attending meetings with other professionals at your request, or preparing records, writing reports or treatment summaries. Of course, there is no charge for calls about appointments or similar business, or for the time spent making routine reports to your insurance company.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a different rate for preparation and attendance at any legal proceedings. Some services may require payment in advance. There is also a different rate charged for psychological testing services.

If you think you may have trouble paying your bills on time, please discuss this with me up front. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention immediately. I will do the same with you. If you have an unpaid balance, I am unable to continue therapy with you. Fees that continue unpaid after this would be turned over to small-claims court or a collection service, where you would responsible to pay all collection-related costs.

If you belong to a health maintenance organization (HMO) or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures. If you want to access benefits from your insurance company, I will need to provide information to them about you. They typically request that I provide a clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record (in rare cases). I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result. The information sent will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. If you request it, I can inform you of any additional information that the company requests.

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your

plan covers. Please read your plan’s booklet under coverage for “Outpatient Psychotherapy” or “Behavioral Health Treatment.” Or, call your employer’s benefits office to obtain the necessary information.

If your health insurance will pay part of my fee, I will help you with your insurance claim forms. You are responsible for checking your insurance coverage, deductible, payment rates, co-payments, and so forth. You may be responsible for certain co-payments and /or deductibles. You—not your insurance company or any other person or company— are ultimately responsible for paying the fees we agree upon. If you are submitting the billing statements to your insurance company yourself, then you must first obtain a claim form from your employer’s benefits office or call your insurance company. Complete the claim form, then attach my statement to the claim form and mail it to your insurance company. My statement already provides the information asked for on the claim form. Your signature below indicates authorization to have your insurance company provide payment to Dr. Otto-Parkinson for the services rendered.

I have read, understand, and agree to the section titled, “Fees, Payment, and Billing”:

Signature of Patient (or parent or guardian if patient is a minor)

Date

If You Need to Contact Me

I am often not immediately available by phone, but you can always leave a message on my confidential voicemail and I will return your call as soon as I can. Generally, I will return messages daily or the next day whenever possible. If you are difficult to reach, please indicate times when I may be able to reach you. Please let me know if I am able to leave a message for you on an answering machine or voicemail.

In Case of a Behavioral or Emotional Crisis

If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call the crisis counseling services at the Southern Arizona Mental Health Corporation (SAMHC) at 622-6000, or go to a nearby hospital emergency room.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Consent to Treatment

My signature below represents that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. If at any time during the treatment I have questions about anything in this contract, I know that I can talk with you about it.

I understand that this therapy is voluntary and that I have the right to withdraw my consent to therapy at any time, and for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read (or have had read to me) the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this contract. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability. My signature on this document represents an agreement to the conditions of therapy. I, the client (or his or her parent or guardian), understand that I have the right not to sign this form. However the conditions of treatment would still apply.

Printed Name of Client

Signature of client

Date

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this contract. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Necoe Otto-Parkinson, Ph.D. / Licensed Psychologist

Date

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with the general information about our work together unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Signature of Parent or Legal Guardian

Relationship to client

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services. Thank you.