

**Gordon Renwick, Psy.D.**

4656 30<sup>th</sup> St.  
San Diego, CA. 92116  
(619) 218-9181

**Patient Information and Consent Form**

The following pages provide you with information regarding your rights and responsibilities as a patient. After you have read this material, I will answer any questions you might have.

**About Psychotherapy**

The problems that motivate individuals and families to come to therapy develop over a period of time. The treatments for these problems also take a period of time. Following an initial evaluation involving 1 to 2 sessions, Dr. Renwick will be able to discuss the estimated length of treatment with you. Generally, most individuals or families will attend one therapy session per week.

Helping you reach your goals in therapy is the purpose of our work together. You can do your part by openly and honestly communicating your thoughts and feelings, even though this may be difficult at times. You may feel worse before you feel better. There is a risk of recalling unpleasant events and you may feel anxious, depressed, frustrated, or hopeless at times. These feelings are a normal part of the therapy process and are usually temporary. We will work together to get through the difficult times. If you are ever concerned that our work together is not helping, let's discuss it.

My orientation to individual psychotherapy is cognitive-behavioral. This means that I will be exploring how your thoughts and ways of behaving contribute to your problem/s. I may recommend doing homework assignments to better help you reach your therapeutic goals. These homework assignments should be considered an essential part of therapy. Please remember that change can be very difficult, and that it will require effort from both of us.

In family work I use a systems approach, which means that I look at how each family member's behaviors, expectations, and attitudes affect other family members. As part of this systems orientation, in my work with children and adolescents, there are many times when it is necessary to include parents or guardians in the therapeutic process.

**Confidentiality**

Anything you tell me is considered privileged information and will be held in confidence by me. I will not release any information about you to others unless you give me explicit permission to do so in writing by signing a release of information form. It is important to note, however, that there are certain situations in which I am required by law to reveal information without your permission. These noted exceptions include:

- 1) In emergency situations where there may be a danger to the patient or others, as with potential suicide or homicide, confidentiality may be broken.
- 2) If a patient states or suggests that he or she is abusing a child or dependent adult or has recently abused a child or dependent adult, I am required to report this information to the appropriate social services and/or legal authorities.
- 3) If you are in therapy or receiving an evaluation by court-order, I am required to release the results of the treatment or evaluation to the court. Also, if a court of law issues an order to release records of a patient, I am required to provide the information specified in the court order.

In addition, if you are using health insurance to pay for part of your treatment, please be aware that some companies require the disclosure of types of service, symptoms, diagnosis, case notes, treatment plan, response to treatment, and summaries. I will share these reports with you if you wish.

### **Confidentiality and the Treatment of Minors**

Dr. Renwick believes that your child has a right to privacy, but that as parents/legal guardians, you should also be informed of the general nature of the treatment, and be involved to the extent that the therapist determines it is appropriate. Dr. Renwick will inform you of imminent safety risks, unless such disclosure would further endanger your child.

### **Confidentiality and the Treatment of Couples**

In the treatment of couples, sometimes Dr. Renwick may meet with each spouse individually for part or all of the session. In general, there will be a “no secrets” policy. This means that what is disclosed by one individual will not necessarily remain confidential, unless the therapist determines it is in the best interest of the couple or individual to maintain a spouse’s confidentiality.

### **Emergency Coverage**

You may leave messages for me 24 hours a day at (619) 218-9181. I check my messages several times throughout the day and evening and I will respond to your calls as quickly as possible. In the event that I cannot be reached during an emergency, you should call your psychiatrist or family physician, the emergency room of a local hospital, or the Crisis Hotline at 1-800-479-3339, or 911.

### **Patient Rights**

- 1) You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with names of other qualified psychotherapists.

- 2) You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practice to you.
- 3) You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.
- 4) You have the right to learn about alternative methods of treatment. If you wish, I will discuss these with you during our work together.

### **Basic Fee Policy**

Dr. Renwick accepts medical insurance which, in most cases, significantly reduces the cost to you. When insurance coverage is not available, or where financial resources are limited, I will work with you to determine a payment schedule or other arrangements based on your particular circumstances. Insurance regulations and State and Federal laws require, in most cases, that patient cost-share and deductibles are billed to you. I will be happy to arrange a payment schedule that will allow your out-of-pocket costs to reasonably fit your budget and financial circumstances. ***The standard session is 45 minutes, and is billed at \$120, unless a different fee has been prearranged by you and your therapist.*** Sessions of other lengths will be prorated accordingly. You may be billed for other services such as reports, lengthy phone calls, and psychological testing.

It is important to understand that financial agreements are between you and Dr. Renwick, not between Dr. Renwick and your insurance company. You are ultimately responsible for your bill. I will work with you to correctly utilize your insurance, and I will ask for your assistance as needed. Please notify me of any changes that occur in your insurance or financial situation. Dr Renwick reserves the right to use Collection Agencies in the event that you do not pay your bill.

### **Cancellation Policy**

Appointments are made on a regular weekly basis and time is held for you from week to week. Missed appointments or late cancellations are costly to the therapist, and deny other individuals the opportunity to use that time. ***You are expected to notify Dr. Renwick at least 24 HOURS IN ADVANCE if you need to cancel an appointment; otherwise, you will be charged for the time reserved.*** (Please note that health insurance plans do not pay for missed appointments.)

By signing below, I acknowledge that I have read, or have had read to me this form, and fully understand and acknowledge that I have asked and had all questions answered to my satisfaction. Furthermore, I certify that I am providing my consent, or consent for my child, to Dr. Renwick so that he may provide the treatment he has recommended for my child or me.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_