## Alexandra M. Chiara, Ph.D. Clinical Psychologist

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# **Information for Clients**

Welcome! This form provides important information about the practical aspects and process of therapy. Please review the information carefully so that we can discuss any questions you might have. When you have read and fully understood the form, each of us will sign the last page.

## Approach to Therapy

Therapy is a potentially life-changing experience that can be of great benefit to you. I see my role as assisting you in reaching your stated goals, whether these consist of increasing your understanding of yourself, resolving past issues that continue to have a negative impact on your mood and behavior, or dealing directly with symptoms that are causing you difficulty on a daily basis. I believe that therapy works best when both client and therapist take an active and honest approach to the issues at hand and feel comfortable discussing the parallels between the therapy relationship and the client's life outside of therapy. Ultimately, successful clients take the insights and skills learned in therapy and apply them to their daily lives, resulting in increased resilience and satisfaction.

## Benefits and Risks Associated with Therapy

The positive results of therapy have been documented by many individuals and have been demonstrated by scientists in hundreds of well-designed research studies. Many people are able to change old patterns and move beyond incidents that hurt them in the past. They may experience an improvement in terms of mood (no longer feeling sad, anxious or angry and actually feeling happier) and behavior (no longer engaging in destructive habits and doing more things that are healthy). Clients' coping skills may improve greatly and their personal goals and values may become clearer. They may grow in many directions – feeling better about themselves, having better relationships with others, becoming more productive at work or school, and generally enjoying life more.

Therapy sometimes requires addressing feelings and incidents that may be distressing to discuss. These feelings and memories may interfere with one's ability to concentrate on daily tasks and may cause sadness, anger, frustration or worry. In therapy one is often encouraged to do things differently and this in itself can cause initial discomfort or interpersonal difficulties. Typically this discomfort and distress is resolved as one makes progress, but occasionally feelings and symptoms persists and therapy is not able to achieve the desired goals.

## **Confidentiality**

All information shared between client and therapist is held strictly confidential unless:

- 1. The client authorizes the release of information with his/her written consent.
- 2. Insurance being used to cover sessions requires information regarding diagnosis and meeting times.
- 3. The client presents a physical danger to the self.
- 4. The client presents a danger to others.
- 5. Child or elder abuse or neglect are suspected.

In the latter three cases I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

#### Fees and Payment

My current fee for a 50-minute session is \$200 (or copay for clients using insurance).

Clients who are not using insurance coverage are responsible for payment in full. Those who are using insurance benefits are responsible for any applicable deductibles and co-payments. Clients are expected to pay their portion of fees on the day the services are rendered.

## Cancelled and Missed Appointment Policy

Effective therapy requires a commitment to meet promptly and regularly. When you must cancel, please give me at least 24 hour notice. Your session time is reserved for you and you are responsible for payment in full if you miss a session without notice. Please note that insurance does not cover the cost of missed sessions. My late cancellation fee is \$50.

## **Contact Between Sessions**

You may contact me or leave a confidential voice mail message at (949) 300-4727. I will make a concerted effort to get in touch with you promptly but cannot guarantee that I will be available at all times. Typically, I will return calls within the same day except on weekends and holidays. If a psychological emergency arises and you cannot get hold of me immediately, you should call 911 or go to your nearest emergency room.

#### Consent for Therapy

My signature below indicates that I have read and discussed this document and that I agree to enter into therapy with this therapist. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason.

Client Name

Signature

Date

Alexandra M. Chiara, Ph.D.

Therapist Name

Signature