



## **Eric Lee Ryan, Ph.D.**

Integrative Psychology

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### **State of California, Board of Psychology Guidelines for Informed Consent for Psychotherapy**

#### **1. Limits of confidentiality:**

Communications will be held in confidence except: 1. to the extent they suggest acts which would result in child or elder abuse or physical injury, 2. in case of legal action on your part which would require disclosure, 3. when you have authorized disclosure to a third party such as an insurance company, or 4. when a court has ordered me to release information. In order to resolve therapeutic impasses or to further the therapeutic process, I may consult with my professional colleagues without revealing your identity.

#### **2. Nature and extent of record keeping:**

I keep notes of our meetings, and they remain in my custody.

#### **3. Title, training, experience, and special expertise:**

- Licensed Psychologist (2000); California License # PSY 16839
- Ph.D. in Clinical Psychology from Pacific Graduate School of Psychology (1999)
- Internship in Clinical Psychology at the C.G. Jung Institute of San Francisco (1998)
- Post doctoral residency at Kaiser Permanente Adult Psychiatry, Santa Rosa (1999)
- Chief of Anxiety Disorder Best Practices for Northern California Kaiser Psychiatry (2007-2011): developed best practices for entire region, population of over 3 million members
- Training Director for Kaiser Permanente Psychiatry, Santa Rosa (2010-2011)
- Principal author and project manager of Best Practice Guidelines for PTSD and Trauma in Adults and Children, Northern California Psychiatry Kaiser-Permanente (2010)

#### **4. Probable length of services:**

This of course varies with individual circumstance and can be discussed during our initial sessions.

#### **5. Frequency of services:**

Psychotherapy is a serious commitment that takes time, energy, and resources. In my view, effective psychotherapy should occur on a weekly basis of at least once or more times per week. Consequently, to ensure successful outcomes, you should plan on weekly sessions for the duration of your treatment (barring vacations and holidays). *If this does not work for you please bring it up immediately.*

#### **6. Risk of services provided:**

Psychotherapy has the potential to cause disruption in a person's life and career when changes occur. Change can also be emotionally painful at times. There can be no guarantee of improvement.

#### **6. Alternatives to these services:**

There may be alternatives to psychotherapy which can be discussed during the initial sessions.

#### **7. Fee and relevant billing practices:**

The fee is \$170 per 50 minute individual or couples minute session. It is due when services are rendered. Please be sure to pay the fee **at the beginning of each session** so we can focus the remaining time on you. If using online

payment (credit card), please pay at least 2 hours prior to the appointment. The fee may be raised with one month's notice. For court appearances, depositions, other legal proceedings, travel, or waiting time for legal proceedings, chart review, and report writing for legal or related reasons, I charge a fee of \$350 per hour.

I agree to above -- I will pay at beginning of each session or 2 hours before for online payment:

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**Signature**

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**Date**

**8. Cancellation Policy:**

You are specifically reserving my time. A regular designated time will be agreed upon within the first few sessions. Please give me at least a 1 week notice if you have to miss a session. *Forty-eight hour* notification is required to cancel an appointment without being charged the fee for any reason. (Reasons: practical and negative transference will be discussed.)

*I agree to give at least 1 week notice for cancelation or rescheduling and I will pay the full fee if I give less than 48 hour notice to cancel* (a phone session will be offered if I cannot attend in person due to illness, transportation problems, etc.):

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**Signature**

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**Date**

**9. Rights of person receiving services:**

You have the right to discuss with me any matter pertaining to our work together, to terminate services, and to ask for a referral to another qualified provider.

**10. Texts/E-mails**

Direct communication is vital for successful treatment. To insure clear communication, **please no texts or e-mails**. It is important that we speak directly about all matters pertaining to cancellations, rescheduling, and any personal information.

**11. Emergency access in a psychological crisis:**

I can be reached by telephone and cell phone (though you should not expect an immediate response). If your need is too urgent to wait for my response, contact your county's emergency mental health services. While I am away, my practice will be covered by another professional.

**12. Termination of treatment:**

I may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions regularly, etc.) or if some problem emerges that is not within my scope of competence. The usual minimal termination for an ongoing treatment process is four to ten sessions, but a satisfying termination to long-term work may take a number of months.

**13. Follow-up of treatment:**

Follow-up is an integral part of the treatment process, serving as a treatment booster for you and a way of learning about how you are and the outcome of treatment for me. I will contact you from time to time for a brief follow-up check in. You may feel free to keep me updated about your address changes, life changes and other developments from time to time, too.

**I have read the above and know I am free to discuss any questions I may have.**

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**Signature**

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**Date**