Irene Ganginis, LCSW-C

13 Horizon Court, Derwood, MD 20855   Phone 301-461-4400

www.psychotherapybyirene.com

Informed Consent for Therapy Services

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. This information is explained more fully in my Notice of Privacy Practices.

The following information describes my office policies and serves as the basis of our work together. When you sign this document, it will represent an agreement between us.

Psychotherapy Services
Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Risks and Benefits

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. Psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are, however, no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

Appointments

Appointments will ordinarily be 50 - 60 minutes in duration, once per week at an agreed upon day and time. Sessions may be scheduled more frequently as needed. On occasions when there is a conflict with your usual day and or time, I am happy to try to reschedule your appointment within the same week.

Cancellations

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel a session, I ask that you provide me with at least 48 hours notice. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Fees

The fee for each session is negotiable. Please discuss with me. Accepted payment methods are Venmo and Zelle.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Contact Information

My office phone number is 301-461-4400. Most of the time I will not be able to answer the phone when you call; please feel free to leave a message. My voice mail is private. In case of

emergency (a question of safety) please call 911 or go to your closest hospital emergency room.

E-mail and Texts

E-mail and texts are not confidential means of communication; because of this, it is my preference to use e-mail and texts only for scheduling appointments. I will not discuss clinical material via e-mail or text. By signing this document, you are acknowledging that you understand that I will not do so and that using e-mail and text for any information other than scheduling is your decision alone.

Other Rights

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will abide by the code of ethics of my profession.

Consent to Psychotherapy

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to the terms.

_____
        Signature of Patient

_____
        Printed Name of Patient

_____
        Date