

**Margaret A. Bailey, Ph.D.**  
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## **PATIENT INFORMED CONSENT AND THERAPIST DISCLOSURE**

**THERAPIST BACKGROUND AND INFORMATION:** I am a California Licensed Psychologist and Clinical Social worker. This means that I have a Master's Degree in Clinical Social Work (MSSA), a Master's Degree (M.A.) and a Doctorate in Psychology (PH.D.). I completed internships both in Medical/Psychiatric Social Work and Clinical Psychology. I was first licensed in the State of Ohio as a Clinical Social Worker and in California as a Clinical Social Worker and Psychologist. I have been in private practice since 1982, and have worked with a wide range of cases. I have had training in individual, family and couple therapy, psychodynamic therapy and some psychoanalytic training with supervision. I am a member of the California and Santa Clara County Psychological Association and Northern California Society for Psychoanalytic Psychology. My Clinical Social Work license in California is currently on inactive status. I am working solely under my license as a Psychologist.

**DESCRIPTION OF THE THERAPEUTIC PROCESS:** Therapy helps most people; however, it is not always successful. Some patients may experience periods of depression or increased difficulty along the way. Patients need to understand that therapy is a process and a quick fix is not possible. For some, they may not like what they learn about themselves as the treatment moves along, and/or find the therapeutic relationship is different than what they anticipated. These feelings are normal and are a part of the therapeutic process.

In regard to termination, patients have a right to terminate at any time. I do ask that we talk about termination so that we have an understanding of the therapy process and possible warning signs of when therapy would be again indicated. At times I may recommend that you receive a different type of therapy than I provide or work with other providers for different forms of treatment.

**ETHICAL STANDARDS:** I take seriously the ethical standards of my profession. Information disclosed by you during the course of therapy is

confidential unless you sign a written consent form for disclosure of information. There are certain legal exceptions that are described in the HIPAA (Health Insurance Portability Act) consent form.

In couple's therapy, I hold the policy that I will not "hold secrets" in the couple relationship as those "secrets" sometimes are a factor in preventing the couple from developing a trusting relationship.

**AVAILABILITY AND AFTER-HOURS CONTACT:** I am generally available for contact only during office hours. I have a policy of returning routine telephone calls within 24 hours except weekends and holidays. I do however, check my messages periodically when I am away from the office, and will return your telephone call if necessary. If I am away on vacation I can arrange for a colleague to be available to see you in my absence.

**FEES:** are to be discussed upon the time of your initial interview. Periodically, I do raise my fees, which may occur if I see you over an extended period of time.

**LETTERS, REPORTS** are to be billed at the time required to complete them.

**RESCHEDULING APPOINTMENTS:** I charge for all missed sessions whether or not you can make it as I hold the time for you. I will reschedule your appointment time if I am able to but this is not always possible.

**INSURANCE:** Payment is due at the time of the session, but also may be paid at the end of month. I will provide a statement where you may bill your insurance directly.

In joint custody arrangements of minors, please note that my agreement is with you for payment and collection of funds from the child's other parent is your responsibility.

**I have read and discussed with Dr. Bailey the information contained in this document.**

Date

\_\_\_\_\_ Signature \_\_\_\_\_