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Clinical and Forensic Psychology
Clinical Neuropsychology PSY 19014

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INFORMATION AND CONSENT FOR EVALUATION AND/OR TREATMENT

Welcome! I am a licensed clinical psychologist. My experience includes the following: 1) I earned 3 master's degrees and a doctoral degree (Ph.D.) in clinical psychology with specialized training and experience in: neuropsychological, forensic, vocational, and educational assessment & treatment; family/couples therapy; and addictions treatment; 2) Assessment and treatment of children, adolescents, adults, couples, veterans, families with a variety of symptoms; 3) Qualified to conduct court ordered child custody evaluations, parenting coordination and reunification therapy; 4) Experience evaluating and working with criminal cases in county juvenile and adult probation and in 6 state correctional institutions and 1 forensic hospital; 5) Completed over 6000 disability evaluations; 6) Earned a M.Div. degree (specializing in treatment of addictions), serving as the Chief Operational Officer of 7 non-profit organizations in British Columbia and the San Francisco Bay Area; 7) Earned Certificates of Personal and Executive Coaching (CPEC), Communication Skills and Conflict Mediation; 8) Trained extensively in Bowen Family Systems Theory and Therapy; 9) Trained in Ericksonian Clinical Hypnosis; 10) Provided consulting and community services; 11) Initiated the White Rock Hospice Society, serving as COO for 10 years; 12) Taught graduate courses in 7 graduate programs on addictions, counseling psychology, dual disorders, health psychology, human sexuality, law & ethics, marriage & family, ministerial formation, clinical neuropsychology, psychological assessment, research methods.

I am glad that you are here. I trust that you will find help for the situations and issues that you face -- in a caring and a safe place where your needs for counseling and psychological evaluation and care will be met confidentially, competently and compassionately.

Confidentiality. . .
All information and records disclosed within sessions and the written records pertaining to those sessions are confidential and may not be disclosed to anyone without your written, signed permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure are described to you in the Notice of Privacy Practices that you received with this form. Please refer to the Notice for further details. You have the right to review the record in my office within 10 days of your request and receive a brief written brief summary within 15 days of your request. These services will be charged at the normal hourly rate. If the treatment is for a family or a couple and a written summary is requested by one individual, all parties will receive the same summary.

Circumstances where disclosure is required by law are as follows: a) there is a reasonable suspicion of child, dependent or elder abuse or neglect; b) a client presents a danger to self, to others, to property; and/or c) a client is gravely disabled.

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your psychotherapy records and/or testimony. Due to the nature of the therapeutic process, it is agreed that neither you, your attorney, nor anyone else acting on your behalf will call on me to testify in legal proceedings, nor will a disclosure of the psychotherapy records be requested unless specifically authorized by you in writing.

In couple and family therapy or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized with signature to do so by family members who are in treatment.

If you are under 18 years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is my policy to request an agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, I will provide them only with general information about our work together subject to your approval, or, if I feel it is important for them to know in order to make sure that you and people around you are safe.

E-mail, Cell phone and Fax: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Faxes can easily be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to limit in any way the use of these devices.

Health Insurance and Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier in order to process your claims. The Psychotherapy Notes will not be disclosed to your insurance carrier without your authorization. Please be aware that submitting claims for reimbursement carries a certain amount of risk to confidentiality, and/or to future eligibility to obtain health or life insurance.

Consultation: I consult regularly with other professionals regarding my clients/patients, however, the client/patient's name or other identifying information is never mentioned. The client/patient's identity remains completely anonymous, and confidentiality is fully maintained.

Appointment Times. . .
Your appointment time has been especially reserved for you. In order to honor your needs and the needs of others, **please call at least 48 hours** before your appointment to avoid being charged for the session. Most insurance companies do not reimburse for missed sessions. You will be billed.

Telephone calls. . .
Your calls are important to me. Unless I am out of town, I check in for my messages several times a day during the weekdays. I will return your calls as promptly as possible.

Emergencies. . .
In times of crisis, I will give you the earliest available appointment or arrange for emergency care. If I am not available, please call one of the following emergency numbers in Santa Clara County: **Emergency Psychiatric Services at 408-885-6100, Suicide and Crisis Services at 408-279-3312, Contact Hotline including Parental Stress at 408-279-8228.**

Paying for Psychotherapy or Psychological Evaluation. . .
When your insurance will not apply, my normal fee for therapy is $185.00 per clinical hour (approximately 45-50 minutes). The fee for a psychological assessment for pre-employment screening will be at the flat rate of $1500; for a psychoeducational assessment $225/hour; for a neuropsychological assessment $225/hour for a forensic assessment $250/hour. If I am asked to testify in court, the fee is payable in advance by retainer at the rate of $350/hour. **Payment is due in cash or check at the outset of the session** when services are rendered. When credit card's are used an additional 4 % must be added to the customary fees. When my time is used on your behalf at your request (e.g., telephone conversations, writing letters, consultations with other professionals involved in your care, reading records), you will be charged at the same hourly rate (pro-rated). There is a $20.00 fee for a returned check. Please be advised that since not all issues/conditions are reimbursed by insurance companies: **It is your responsibility to verify the specifics of your coverage.** Your Health Insurance plan is currently with (please circle): Aetna, Anthem, Beacon Health Strategies, Blue Cross, Blue Shield, Cigna,, First Five, HealthNet, Kaiser, Magellan, Managed Health Plan, MediCare, MediCal, Optum, Private Pay, Sutter Select, TriCare, Valley Health Plan, United Health Care, Victim Compensation Fund (CalVCP), EAP– Concern, Compsych, Optum. After deductible, your copay per visit is: $0, $10, $15, $20, $25, $30, $35, $40, $50.

The Process of Therapy or Psychological Evaluation. . .
Participation in therapy or psychological evaluation can result in a number of benefits to you, including resolution of the specific concerns that led you to seek therapy or psychological evaluation and improved interpersonal relationships. Working toward these benefits requires your very active involvement, honesty, and openness to change. During therapy or psychological evaluation, discussing unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort (e.g., strong feelings of anger, sadness, anxiety, fear). Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Sometimes a decision that is positive for one family member can be viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often, it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am competent and may draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include: 12-Step, acceptance and commitment therapy (ACT), behavioral therapy, Bowen Family Systems, clinical hypnotherapy, cognitive-behavioral (CBT), developmental, dialectical behavioral (DBT), executive functioning, existential, object relations, prolonged exposure therapy (PET), psychodynamic, and/or psycho-educational therapy.

At various times, I may discuss my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. You have the right to ask about any of the procedures used in the course of your therapy, and to ask about other treatments for your condition. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. If, at any point during psychotherapy or psychological evaluation, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it, and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time.

I have read and understood all the information on this form. I agree to the above conditions, and to avail myself and/or the named minor or dependent adult _____ to the professional services of Dr. David Dahl and consent accordingly to the use of individual, couples, family, and/or group psychotherapy, and/or assessment. Furthermore, I acknowledge that I have received the Notice of Privacy Practices (HIPPA Notice) and have understood the nature and limits of Confidentiality.

signature of the client(s)	*signature of the payee, parent(s) /guardian(s)*	*date*
signature of the client(s)	signature of the therapist/evaluator	date

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_____	_____	_____
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