
Jennifer A. Miller, Psy.D.

Licensed Clinical Psychologist
PSY17908

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Welcome. Please take your time and thoroughly review the following. The purpose of this document is to provide you with information regarding your/your child's participation in psychological treatment/evaluation with Dr. Jennifer Miller. Please feel free to ask your doctor any questions you may have regarding this form before signing.

Dr. Miller is a Licensed Clinical Psychologist. Dr. Miller treats children, adolescents, and adults. She is experienced in treating a variety of conditions, including depression, anxiety, posttraumatic stress disorder, and behavior disorders. Dr. Miller works with individuals, couples, families and groups. Dr. Miller's therapeutic orientation derives from an understanding of individuals as products of both genetic and environmental influences, particularly family and early life experiences. Dr. Miller's orientation is primarily humanistic or client-centered; however, she uses a variety of treatment approaches including cognitive-behavioral therapy. Dr. Miller will discuss with you the most appropriate treatment interventions after considering your presenting issues. Dr. Miller is specially trained to work with families and young children and is experienced in the use of play therapy. Dr. Miller also conducts psychological evaluations.

The following information is important for understanding the process of psychological treatment. As a client/parent of a client, particularly if you are new to this process, you may have certain expectations of therapy or your doctor. The therapeutic relationship involves two or more individuals who may not always agree. You are encouraged to discuss your expectations early in treatment or any concerns you have about the therapeutic process. Your role in your/your child's treatment is an active one. At times your doctor may ask you to complete assignments outside of the therapy office (e.g., homework, journaling, self-monitoring behavior).

Our office is located in the South Park district of San Diego. We are available by phone and voicemail Monday through Friday from 9am to 6pm. Direct all non-emergency calls to our voicemail system. If it is after hours or the weekend and you are experiencing a mental health emergency (thoughts of harming yourself or someone else) and are unable to reach your doctor, please call the Access and Crisis Team Counseling Line, (619) 557-0500 or 1-800-479-3339. Trained counselors are available 24 hours/7 days. You may also call 911, your psychiatrist, or family physician. If you are not experiencing an emergency, but need to talk with someone, trained operators are available at The Warm Line, (800) 930-9276. This number is in service 7 days/week from 5pm to 11pm.

The principal factor in therapy is your ability to feel comfortable and trust your doctor will not disclose what you, your child, or your family share. While the goal of therapy is to provide a safe place to share your private thoughts and feelings, there are some exceptions to a psychologist's ability to maintain confidentiality in all situations. Your confidentiality is waived in situations where psychologists are mandated by law to report, including: suspected child abuse or neglect; suspected elder abuse; and threats to harm yourself or others. Confidentiality is also subject to waiver when treatment is court-ordered or if you are involved in litigation that calls your mental health into question. If you are using health insurance to cover your therapy expenses, they often require information regarding assessment, diagnosis, treatment goals, and treatment progress. Your privacy is our primary concern.

Fees for psychological services are paid to your doctor at the time services are rendered unless you are using insurance.

Except where there is a clear emergency, sessions missed or canceled with less than 24 hours notice will be charged to you in full, insurance companies will not pay for missed appointments. Unpaid balances may be reported to a credit bureau or collection agency, following reasonable attempts at collection. Dr. Miller's fee schedule is as follows:

Initial Intake 60-minute:	\$205.00	Individual 50-minute:	\$135.00
Individual 30-minute:	\$ 70.00	Couple 90-minute:	\$180.00
Family 90-minute:	\$195.00	Groups:	fees vary

Please feel free to discuss your fee with us. Dr. Miller accepts the following insurance coverage: Blue Shield of California, Victims of Crime Compensation funds, County Treasury Funds, Medi-Cal/UBH, and Triwest. accepts: Victims of Crime and County Treasury Funds. We also accept cash, personal checks and credit card payment (requires use of PayPal internet service which can be arranged in our office).

Because therapy is a fluid and ever-changing process, this consent cannot capture all aspects of your treatment. This document does not constitute the entirety of your informed consent. Dr. Miller encourages an ongoing and open dialogue in an effort to offer you the relevant information necessary for you to make informed decisions about your, your child's or your family's treatment. If you have any questions, please discuss them with your doctor directly.

PLEASE READ AND SIGN THE NEXT PAGE

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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

By signing below, I agree that I have read and understood the INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES and agree to participate in psychological treatment with Dr. Miller . I also agree that I will address any questions regarding my treatment to my doctor. I agree that I have been informed of the fee schedule, late/missed session policy, and the limits of confidentiality.

Client Name (**Please Print**)

Client Signature

Date

*Parent or Guardian Signature

Date

*Parent or Guardian Signature

Date

Witness

Date

*Both parents must give consent and sign when custody arrangements involve joint legal custody.

____ Copy of Informed Consent given to the Client, Parent or Personal Representative

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