

**Yvonne Rothermel, LCSW**  
LCS# 20259  
(619) 218-9803  
www.yvonnerothermel.com  
3551 Front Street • San Diego, CA 92103

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## **Patient Information and Consent Form**

The following pages provide you with information regarding your rights and responsibilities as a patient. After you have read this material, I will answer any questions you might have.

### **About Psychotherapy**

The problems that motivate individuals and families to come to therapy develop over a period of time. The treatments for these problems also take a period of time. Following an initial evaluation involving 1 to 2 sessions, Yvonne Rothermel, LCSW will be able to discuss the estimated length of treatment with you. Generally, most individuals or families will attend one therapy session per week.

Helping you reach your goals in therapy is the purpose of our work together. You can do your part by openly and honestly communicating your thoughts and feelings, even though this may be difficult at times. You may feel worse before you feel better. There is a risk of recalling unpleasant events and you may feel anxious, depressed, frustrated, or hopeless at times. These feelings are a normal part of the therapy process and are usually temporary. We will work together to get through the difficult times. If you are ever concerned that our work together is not helping, let's discuss it.

My orientation to individual psychotherapy is eclectic incorporating cognitive-behavioral, psychodynamic, humanistic/existential, and schema therapy. Above all, I believe that the quality of the therapeutic relationship is of utmost importance. Change can be very difficult; it will require effort from both of us.

In family work I use a systems approach, which means that I look at how each family member's behaviors, expectations, and attitudes affect other family members. As part of this systems orientation, in my work with children and adolescents, there are many times when it is necessary to include parents or guardians in the therapeutic process.

### **Confidentiality**

Anything you tell me is considered privileged information and will be held in confidence by me. I will not release any information about you to others unless you give me explicit permission to do so in writing by signing a release of information form. It is important to note, however, that there are certain situations in which I am required by law to reveal information without your permission. These noted exceptions include:

1) In emergency situations where there may be a danger to the patient or others, as with potential suicide or homicide, confidentiality may be broken. Please be notified that as of July 16<sup>th</sup>, 2004, the Second District Court of Appeals held that as a result of the case *Cal Ewing v. David Goldstein, PhD* "a communication from a patient's family member to the patient's therapist, made for the purpose of advancing the patients' therapy, is a patient communication within the meaning of Section 43.92" (Tarasoff mandates). That is, if you communicate to a family member, a serious and credible threat of harm to another person and your family member notifies me of this threat, then I am mandated by law to inform and warn appropriate law enforcement agencies and potential victim(s) for the purposes of keeping you and others safe.

2) If a patient states or suggests that he or she is abusing a child or dependent adult or has recently abused a child or dependent adult, I am required to report this information to the appropriate social services and/or legal authorities. Please be aware that any reasonable suspicion of child abuse/neglect or elder/dependent abuse is also reportable.

3) If you are in therapy or receiving an evaluation by court-order, I am required to release the results of the treatment or evaluation to the court. Also, if a court of law issues an order to release records of a patient, I am required to provide the information specified in the court order.

In addition, if you are using health insurance to pay for part of your treatment, please be aware that some companies require the disclosure of types of service, symptoms, diagnosis, case notes, treatment plan, response to treatment, and summaries. I will share these reports with you if you wish.

### **Confidentiality and the Treatment of Minors**

Yvonne Rothermel, LCSW believes that your child has a right to privacy, but that as parents/legal guardians, you should also be informed of the general nature of the treatment, and be involved to the extent that the therapist determines it is appropriate. Yvonne Rothermel, LCSW will inform you of imminent safety risks, unless such disclosure would further endanger your child.

### **Confidentiality and the Treatment of Couples**

In the treatment of couples, sometimes Yvonne Rothermel, LCSW may meet with each spouse individually for part or all of the session. In general, there will be a “no secrets” policy. This means that what is disclosed by one individual will not necessarily remain confidential unless the therapist determines it is in the best interest of the couple or individual.

### **Maintaining Current Health Status and Providing Past History**

It is recommended that you obtain a medical examination if you or your child have not been examined in the past year. If indicated, I may request a written release from you in order to obtain necessary medical, educational, or psychological information.

### **Emergency Coverage**

You may leave messages for me 24 hours a day at (619) 218-9803. I check my messages several times throughout the day Monday through Friday and I will respond to your calls as quickly as possible. In the event that I cannot be reached during an emergency, you should call your psychiatrist or family physician, the emergency room of a local hospital, the Crisis Hotline at 1-800-479-3339, or 911.

### **Patient Rights**

1) You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with names of other qualified psychotherapists.

2) You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practice to you.

3) You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.

4) You have the right to learn about alternative methods of treatment. If you wish, I will discuss these with you during our work together.

### **Basic Fee Policy**

*The standard session is 50 minutes, and is billed at \$100 unless a different fee has been prearranged by you and your therapist.* Sessions of other lengths will be prorated accordingly. You may be billed for other services such as reports or lengthy phone calls. I will be happy to arrange a payment schedule that will allow your out-of-pocket costs to reasonably fit your budget and financial circumstances

It is important to understand that financial agreements are between you and Yvonne Rothermel, LCSW, not between Yvonne Rothermel, LCSW and your insurance company. You are ultimately responsible for your bill. I will work with you to correctly utilize your insurance, and I will ask for your assistance as needed. Please notify me of any changes that occur in your insurance or financial situation. Yvonne Rothermel, LCSW reserves the right to use Collection Agencies in the event that you do not pay your bill.

### **Cancellation Policy**

Appointments are made on a regular weekly basis and time is held for you from week to week. Missed appointments or late cancellations are costly to the therapist, and deny other individuals the opportunity to use that time. *You are expected to notify Yvonne Rothermel, LCSW at least 24 HOURS IN ADVANCE if you need to cancel an appointment; otherwise, you will be charged for the time reserved.* (Please note that health insurance plans do not pay for missed appointments.)

By signing below, I acknowledge that I have read, or have had read to me this form, and fully understand and acknowledge that I have asked and had all questions answered to my satisfaction. Furthermore, I certify that I am providing my consent, or consent for my child, to Yvonne Rothermel, LCSW so that she may provide the treatment she has recommended for my child or me.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_