Dr. Lara Kennerly, PsyD

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**Informed Consent for Psychotherapy**

**Introduction**

Welcome! This document outlines the important details regarding the psychological services I offer in my private practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered.

**About Me**

* My name isDr. Lara Kennerly, and I am a licensed psychologist in the state of California.
* My license number is PSY29433
* You can find more information about my qualifications and experience on my website at www.NavigatingRoughWaters.com

**Services Offered**

* I provide individual therapy for individual adults (ages 18+) experiencing a variety of challenges, including depression, anxiety, adjustment issues, stress, professional and emotional burnout.
* I utilize Psychodynamic, Insight-oriented, Trauma-informed, and Attachment-based treatment modalities.
* I do not offer medication management, court-ordered evaluations, family therapy, therapy to minors.

**Evaluation**

* I offer a free 15-minute phone consultation to briefly discuss your treatment goals and needs, and my treatment approach, to determine if I might be the right therapist for you, based on brief initial review.
* The first few sessions will involve a fuller evaluation of your needs. This evaluation typically lasts 1-2 sessions.
* By the end, we will discuss if I am the right therapist for you, we will go over in detail why or why not, and I will offer a tentative treatment plan that will always be an initial loose template, as my treatment approach is flexible and adaptable, and I change it based on what is and isn’t working for each unique client and situation.
* I will refer you to another therapist if I believe someone else is better suited.

**Psychotherapy**

* Psychotherapy is a collaborative effort that requires active participation from you.
* The approach used will vary depending on your needs and it may involve discussing uncomfortable topics.
* There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it. After decades of ongoing research and studies, there has been no evidence to support the theory that any one specific treatment style or approach is more effective than others, or works for all individuals, but studies have consistently found that treatment itself, is more beneficial than no treatment.

**Benefits and Risks of Therapy**

* Therapy requires a significant investment of time, money, and energy. Therapy can be a helpful and effective way to address emotional and behavioral difficulties.
* Potential benefits of therapy include improved mood, reduced stress, better coping skills, enhanced relationships, and identifying underlying root causes of loss of emotional experiencing/numbness which can help a person begin to take steps to mitigate that change.
* However, therapy can also involve some emotional discomfort as you explore challenging issues.
* Throughout any therapy sessions, I encourage you to ask questions. Also, feel free to seek a second opinion at any time.

**Confidentiality**

* All information discussed or obtained during your participation in therapy is strictly confidential and will not be disclosed to anyone without your expressed written permission. There are, however, certain exceptions to confidentiality as mandated by California law, including the following:

If I believe that you are in imminent danger of harming yourself, I must act to protect you.

If I believe that you are in imminent danger of harming another specific person(s), California law requires that I warn the potential victim(s) and notify legal authorities.

If I have knowledge of, or reasonably suspect any sort of past or present child

abuse or potential for child abuse (including physical abuse, sexual abuse, neglect, or abandonment), by law, I must report my suspicions to the proper authorities.

Likewise, I must take similar actions if I have knowledge or reasonable suspicion of elder or dependent adult abuse or neglect.

If a court of law orders me to release information, under extremely specific circumstances, and after all available options have been exhausted, I may be required to comply.

* To ensure your confidentiality, I will not initiate an interaction with you if we should meet by chance in another setting. I will, however, be happy to acknowledge you, should you choose to initiate a conversation with me.
* To maintain confidentiality, as well as a space of mutual respect, honesty, and confidentiality, there is an expectation that neither you, nor I, will record audio or video of our sessions, unless expressly discussed and agreed to, beforehand.

**Social Media and General Boundaries**

* The required relationship that a client should have with his/her therapist is strictly professional. As your therapist, I am prohibited from socializing with you, as my client, which includes following each other on social media. Any other type of relationship, such as business, or personal, would prevent and undermine the effectiveness of treatment, and are strictly forbidden by the laws and ethics governing licensed psychologists practicing in California.

**Payment**

* I accept payment by cash, check, Zelle, or Venmo.
* Payment is due at the time of service.
* I do not currently accept insurance; however, I can provide you with a detailed receipt that you may submit to your insurance company to seek reimbursement.
* There is a $195 fee (full session fee) for cancellations with less than 24 hours notice.
* If your account is unpaid after 90 days, I may use legal means, such as the help of a collection agency, to collect payment.

**Your Rights**

* You have the right to participate actively in your treatment and make informed decisions about your care.
* You have the right to ask questions and request clarification at any time.
* You have the right to terminate therapy at any time.
* You have the right to seek a second opinion.
* You have the right to access your treatment records, with some exceptions. Please let me know if you would like to discuss.

**Contacting Me**

* The preferred method of contacting me is via email, at [LKennerly@NavigatingRoughWaters.com](mailto:LKennerly@NavigatingRoughWaters.com). I find this easier for communication regarding scheduling and appointment issues, and allows for clearer more concise communication.
* You are welcome to call my office and leave me a message, and I will make every effort to return your call within 48 hours during the business week excluding weekends/holidays.
* If you cannot reach me and require immediate help, call 911 or call 988.
* In case of an extended absence on my part due to unexpected and significant life events, I will provide you with contact information of a colleague who may be able to provide you with services.

**My Responsibilities**

* I am committed to providing you with competent and ethical psychological care.
* I will respect your privacy and confidentiality.
* I will discuss the limitations of my expertise and refer you to another provider if necessary.

**Agreement**

By signing below, you acknowledge that you have read and understood this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in therapy voluntarily.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychologist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_