



Dennis J Hunt, Ph.D.
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Informed Consent for Psychotherapy

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Dr. Hunt is required to disclose confidential information; where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Dr. Hunt that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Dr. Hunt becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Dr. Hunt has no control over the insurance companies' handling of this information.

LITIGATION LIMITATION: The nature of the therapeutic process often involves making a full disclosure with regard to many personal and confidential matters. Thus, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Hunt to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: Dr. Hunt consults regularly with other professionals regarding his clients in order to continuously improve his services; however, each client's identity remains anonymous and confidentiality is fully maintained.

ONLINE AND OTHER OF-SITE COMMUNICATION: It is important to be aware that computers, e-mail, texts, and other online communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. If you communicate confidential or private information via online, texts, fax or phone messages, it assumes that you have made an informed decision, and will be seen as your agreement to take the risk associated with such communication. Please do not use texts, e-mail, voice mail, or faxes for emergencies. Dr. Hunt may agree to conduct sessions via-Skype, however, you should be informed that Skype communication is not encrypted.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Dr. Hunt's profession require that he keep treatment records for at least 5 years. Unless otherwise agreed to be necessary, Dr. Hunt retains clinical records only as long as is mandated by Virginia law. If you have concerns regarding the treatment records, please discuss them with Dr. Hunt. As a client, you have

the right to review or receive a summary of your records upon request. Dr. Hunt will also release appropriate information to agencies/persons you authorize.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Hunt between sessions, please e-mail hunt@ipcspostivechange.com/hunt.ipcs@gmail.com or call at 703-309-3185 and leave a message. Dr. Hunt will get back to you as soon as possible. If an emergency situation arises, you need to call your local community mental health center, crisis center or 911.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships, resolution of the specific concerns that led you to seek therapy, and achieving positive change in your life. Working toward these goals, however, requires your active involvement, honesty, and openness. Dr. Hunt will draw on various psychological approaches, which include, but are not limited to, cognitive-behavioral, system/family, developmental, humanistic or psycho-educational.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, Dr. Hunt will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and his view of the possible outcomes of treatment. If you have any unanswered questions, please ask. You also have the right to ask about other treatments for your condition and the risks and benefits.

TERMINATION: After the first couple of meetings, and during the course of therapy, Dr. Hunt will assess whether your participation in therapy with him can be of benefit to you. If at any point, Dr. Hunt either assesses that he is not effective in helping you reach the therapeutic goals, he will discuss with you the termination of treatment. You also have the right to terminate therapy.

DUAL RELATIONSHIPS: It is important to realize that in some communities, particularly small towns, military bases, university campus, etc., you may see Dr. Hunt in other settings outside your therapy sessions with him. Dr. Hunt will never acknowledge working with anyone without his/her written permission. Please advise Dr. Hunt if you have concerns regarding any social relationships outside therapy sessions.

PAYMENT: The fees for psychotherapy, phone or in-person consultation, and letter or report writing are as detailed on the IPCS website. You will be responsible for the deductible and cop-pay amounts if you are using insurance. Services that are not covered by your insurance (e.g., documentation at your request) will be charged separately. Please provide 24 hour notice for a cancellation; otherwise there will be a \$25 fee.

HIPPA: HIPPA Notice of Privacy Practice is available on the IPCS website or in separate forms upon request.

I have read the above Informed Consent for Psychotherapy and HIPPA Notice of Privacy Practice; I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name: Dennis J. Hunt, PhD, Licensed Clinical Psychologist

Signature _____ Date _____