



INFORMED CONSENT AGREEMENT

Vanessa Laughter, Ph.D. is a Licensed Psychologist (PSY26966). During your first session, Dr. Laughter will discuss several important issues with you. This form will help acquaint you with the nature of the psychological services. Please ask for clarification of any issue that may concern you.

Please initial each blank space if you understand and agree with what is stated.

CONFIDENTIALITY:

In accordance with California law, the information disclosed by you in therapy is confidential and is not released or accessible to anyone else without your written permission. By law, the following exceptions apply and may require relevant information is given to others: (1) danger to self, (2) danger to others, (3) when a child, disabled person, dependent adult, or elderly person is physically abused, sexually abused, or neglected, (4) when a court of law issues a legitimate subpoena, and (5) when a collection service is required for unpaid bills.

I acknowledge that I have received a copy of the Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices, which informs me of my rights regarding Protected Health Information (PHI).

I understand that my therapist may discuss my case in a confidential manner (without giving identifiable information) for the purposes of clinical consultation.

In Case of Emergencies: Please call Dr. Laughter at **619-363-1025**. If you are unable to reach Dr. Laughter directly, please call 911 or the San Diego Access and Crisis line at 1-[888-724-7240](tel:888-724-7240) or go to your nearest emergency department. **Be aware that Dr. Laughter is available during business hours only (M-F 9am-5pm).**

PAYMENT OF SERVICES:

I agree to pay in full at the time of service for services rendered by Vanessa Laughter, Ph.D. Psychology Inc.

I understand that cancellations of therapy appointments must be made at least 24 hours in advance and that I will be charged **100%** of the session fee for missed appointments or cancellations less than 24 hours in advance.

I understand that any uncollected bills for services or missed appointments may result in disclosure of my name, telephone number, SSN, and address to a collection agency or small claims court. I also understand that I am responsible for any bills that my insurance does not reimburse.

I understand that I can pay for services by using credit card, cash or a check. I understand that credit cards are accepted for payment but I will be charged an additional \$5 fee. Payments made by check should be made out to: **Vanessa Laughter, Ph.D. Psychology Inc.** I understand that should my check bounce or be returned, I will be charged an additional \$15 fee.

I understand that Dr. Laughter does not charge for brief phone conversations that last up to 10 minutes. However, if the phone call exceeds 10 minutes, the cost of the phone session is pro-rated according to the hourly rate. Please know insurance typically does not reimburse for phone calls.

Treatment Outcome: There are no guarantees that treatment will be successful, although most clients do make significant progress. The length and outcome of treatment is based upon your motivation for and commitment to treatment, complexity of the symptom profile, and other factors.

I (WE) HAVE READ AND UNDERSTAND THE INFORMATION ON THIS PAGE AND HAVE RECEIVED A COPY OF THE HIPAA NOTICE. I (CLIENT) WILL REQUEST A COPY OF THIS ADVISEMENT FORM IF SO DESIRED.

Signature of Client (or parent of a minor)

Date

Vanessa Laughter, Ph.D.

Date

Licensed Psychologist (PSY26966)

Signature of Client (if Client is a minor)

Date