

**ANDREW M. PROKOPIS, PsyD.
PO Box 320711
West Roxbury, MA. 02132
707.292.1910**

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, the goal of which is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

Location

The Healing Arts Center of Watertown
22 Mount Auburn Street
Watertown, MA 02472

There is ample public parking behind the building on Spring Street. Please go up the stairs and wait in the waiting area. I will come out to find you at the time of our session.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. [Couch](#)

I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. I do request that this is something we discuss in a prior session to you bringing in that person. However, this does not bind you to do so.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of

all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out, or stored in your electronic files, and kept in your treatment record. If you choose to send me an email and to communicate via email for any reason, please be aware that this means you have done so with the awareness and consent to participate in a media that is not secure regarding confidentiality.

I should inform you, however, that my emails to you are generally generated from hushmail.com, which is reportedly secure and confidential. Still, given all things, I would still consider carefully what you want to put in an email to me.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their State licensing board. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy* with me.

If you and your partner decide to have some individual sessions with me as part of the couples therapy with me, what you say in those individual sessions with me will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

It is important here to distinguish between couples therapy and *conjoint therapy sessions*. A conjoint therapy session is when you decide to bring in another individual into one of your sessions with me. That individual may or may not be a significant other, life-partner, in your life. At any rate, whomever that person may be in relation to you, my responsibilities remain to you as my client. I am not obliged to reveal anything to the other person unless you instruct me to do so. And, if you do instruct me to reveal any such information to that person, I may express concern about doing so and want to discuss this with you further prior to divulging any information related to you. I may even then decide that I will not be the one to disclose such information to the other person out of an on-going concern and consideration for your treatment with me.

II. Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the ***DSM-V, The Diagnostic Statistical Manual.***

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

V. Managed Mental Health Care

If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy with me, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filling out any necessary forms that your insurance company requests you have me fill out, and assist you in advocating with the insurance company as needed.

VI. Teletherapy and Online Sessions

For the most part, managed care does not cover the cost of sessions done over the telephone or through online services, such as Skype, Facetime, or VSee. If at any time you request a session over the phone or through one of the online services, you are expected to pay the full fee (\$160.00 per session). There are no exceptions beyond those made by your managed care company. It is the responsibility of the client to determine any exceptions to such services by calling your managed care service.

In addition, you are permitted to text me or email me with concerns in-between sessions. However, whether or not I respond to those texts and emails is at my discretion. If those texts and emails require 15 minutes or more of my time during any given day, you will be charged that portion of time of a full session fee. In other words, if it is 15 minutes you will be charged $\frac{1}{4}$ of my full session fee, \$160 per session, which you will be responsible for out-of-pocket. These are not reimbursable through your managed care company.

VII. My Training and Approach to Therapy

I have a Doctoral Degree in Psychology (PsyD.), in Clinical Psychology, earned at Antioch New England Graduate School in Keene, NH, in 1998. I also have a Master's Degree in Education in Human Development earned at Harvard Graduate School of Education in 1986. My bachelor's degree is in Behavioral Sciences and was earned through Lesley University, in Cambridge, MA.

I have been trained in various modalities or approaches to psychotherapy. These include psychodynamic, systems approach, Internal Family Systems (IFS), cognitive-behavioral approach, body-oriented approaches, Psychosynthesis, mindfulness-based approaches, and psycho-spiritual models, but not limited to these. I have a wide range of areas of expertise that include various diagnostic concerns, such as depression, anxiety, bipolar disorder, and post-traumatic stress disorder. I also work with all ages beginning with 8 year old children, adolescents, and adults, including the elderly. I also have a specialty in marriage and couples counseling. I am also qualified to work with concerns and issues related to sexual orientation and gender identity.

These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, reading books, and various mindfulness-based techniques. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist, and, in my opinion, would profoundly compromise the treatment.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions.

If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass the office, my family, or myself, I reserve the right to terminate you unilaterally and immediately from treatment. If I discover at some point in the therapeutic process that a conflict of interest or dual relationship exists between us, I may determine that such an interest or relationship will interfere with the work you want or need to do, and I will then terminate the therapy with me. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for extended vacations or to attend professional trainings and/or meetings. If I am not taking and responding to phone messages or emails during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls or exchanging emails during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay my full fee, \$160.00, for that missed session prior to or at our next regularly scheduled meeting. The answering machine has a time and date stamp which will keep track of the time that you called me to cancel. I cannot bill these sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session is on a sliding scale basis, ranging from \$160.00 to 100.00. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 14 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 14 minutes reading and responding to emails from

you during a given week I will bill you on a prorated basis for that time.

I am not willing to have clients run a bill with me. Copayments and payments in full are due at the time of the session. I cannot accept barter for therapy. I do not take credit cards or PayPal at this time, nor can I take DSHS medical coupons. Any overdue bills will be charged 1.5% per month interest. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

Complaints

If you're unhappy with what's happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. You are also free to discuss your complaints about me with anyone you wish, and you do not have any responsibility to maintain confidentiality about what any aspect of your sessions or treatment with me, since you are the person who has the right to decide what you want kept confidential.

If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided. It should be noted that I am licensed to practice psychology in three different states, Massachusetts, New Hampshire, and California. The contact information for the three boards is listed below.

Massachusetts Board of Registration of Psychologists
239 Causeway Street, Suite 500
Boston, MA. 02114
(617) 727-9925

New Hampshire Board of Mental Health Practice
117 Pleasant Street
Concord, NH 03301
(603) 271-6762

Board of Psychology
2005 Evergreen Street, Suite 1400
Sacramento, CA 95815-3894
(916) 263-2699

On the following page you are asked to confirm with your signature that you have read this informed consent form. Please do so and return to me at your next session with me. Without this form signed I cannot provide services for you.

Client Consent to Psychotherapy

I have read the Psychotherapy Information Disclosure Statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Andrew M. Prokopis, Psy. D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Prokopis. I am over the age of eighteen.

After signing this sheet, please detach it from the rest of the form and return it to me either by mail or in-person at our next scheduled appointment. You may keep the rest of the form and the information it contains for your files.

Signature: _____ Date: _____

Print Name: _____