

MENTAL HEALTH POLICIES AND PROCEDURES

Please Read Carefully!

Part I: CLIENT'S RIGHTS

1. You have the right to a confidential relationship with Dr. Williams. Within certain legal limits (see #4 and #5 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any agency or other person without your written permission.
2. You have the right to receive a summary of your records, except in limited legal or emergency circumstances.
3. If you ask for it, any part of your records on file can be released to any agency or person you specify. At the time of your request, Dr. Williams may discuss with you whether or not releasing that information to that agency or person might be harmful to you in any way.
4. If your insurance includes a managed care policy, Dr. Williams may be required to provide updates of your therapeutic progress in order to obtain approval for more sessions. Notes from therapy sessions are not revealed to insurance companies. If you have concerns or questions about what is shared please talk with Dr. Williams ahead of time.
5. Under certain legally defined situations, Dr. Williams is required to reveal information to other agencies or persons associated with your treatment. In such instances she is not required to notify you that such information has been released, but will make every effort to do so. These situations include:
 - a. If you reveal information about child abuse, or neglect or elder adult abuse, she is required by law to report this to the appropriate authority.
 - b. If you threaten death to another person she is required by law to warn the intended victim and to notify law enforcement.
 - c. If you threaten to seriously injure or kill yourself she is required to notify the appropriate crisis intervention authorities.
 - d. If you are in therapy or being tested by court order, the results of the treatment or tests ordered must be revealed to the court.
 - e. If a court order requests the release of mental health records, Dr. Williams is required by law to provide the information specifically described in the court order.
 - f. If a client files a complaint or lawsuit against Dr. Williams, she may disclose relevant information regarding that patient in order to defend herself.
 - g. If you have not paid your bill within 30 days, Dr. Williams may release *relevant* financial information to a collection entity in order to obtain payment.
6. New Mexico State Law allows for teens 14 years and older to have a confidential relationship with their psychologist. This means the adolescent must give consent before any information may be revealed to parents or guardians.
7. You have the right to ask questions about Dr. Williams, or procedures used in the course of your therapy. If you ask, she will explain her customary approach and methods to you.
8. You have the right to choose NOT to receive therapy from Dr. Williams. If you choose this, she will, provide you with names of other qualified professionals.
9. You have the right to terminate therapy any time without any financial, legal, or moral obligations Other than those you have already incurred.

Please Initial _____



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licensed psychologist

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Part II: THE THERAPY PROCESS

Participating in psychological treatment can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Remembering and resolving unpleasant events through therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. If you have any concerns or questions about the information presented here, please discuss them with Dr. Williams prior to signing this form.

Part III: OFFICE POLICIES

1. The office is open Monday through Friday, 9 am -12 noon, and 1 pm -5 pm. During these hours, you may call and leave a message, and your call will be returned within the next business day, if not the same day.
2. If you have a clinical emergency and need to reach Dr. Williams outside of the office hours mentioned above, you can reach her through her answering service at 888-529-5594. This number is also listed on the office outgoing voicemail message.
3. Please respect others in the waiting room. We ask that cell phones be turned off and that you keep your voices low. Children under age 13 may not be left alone in the waiting room or hallway areas.

I have read the above information and agree to participate in treatment under these conditions with Caroline B. Williams, Ph. D., P.C.

 Signature of Client, 14 years or older

 Date

If the patient is a minor: I am the legal guardian/custodial parent of _____ and give my permission to Caroline Williams, Ph.D., P.C to provide psychological services to my child/children.

 Signature of Parent/Guardian

 Date

