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Andrew J. D'Amico PH.D LLC Psychologist  
License Number PS-004905-L

Radnor House Condominium Suite L-10  
1030 East Lancaster Avenue  
Rosemont PA 19010

## **Client Information Brochure**

### **Informed Consent and Client Consent Form**

#### **Information for Clients**

Welcome to my practice, Andrew J. D'Amico PH.D LLC. I appreciate your giving me the opportunity to help you. This brochure will be most helpful to you and give you a clear idea of what we are trying to do together in therapy.

This brochure talks about the following:

- My qualifications
- The risks and benefits of therapy
- What the goals of therapy are and what my methods of treatment are like
- Your right to confidentiality and the limits to confidentiality
- How long therapy might take
- How much my service cost
- How I handle money matters.
- Other important areas of our relationship

After you read this brochure, we can talk in person about how these issues apply to you. This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

#### **About Psychotherapy**

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. I will describe how I see therapy:

While there are alternative and sometimes better treatment protocols for certain conditions that I will mention to you, I am trained as a behaviorist, a branch of psychology that views human behavior within the context that it was learned. I use evidenced-based cognitive behavioral methods that are shown to be effective. I am trained in Acceptance and Commitment Therapy (ACT), Mindfulness, Relational Frame Theory (RFT), Compassion Focussed Therapy (CFT), and Functional Contextualism (FC) as well as other well-established techniques such as Behavioral Activation, Exposure and Response Prevention, Prosocial, and Habit Reversal Training. When I am working with a child or adolescent I use family systems approaches, prosocial skills building combine with the above methods. This involves meeting with parents separately or together with the whole family.

I will inform you of alternative treatments or more effective methods depending upon your concerns. If I am unable to help you I will find a suitable provider who can.

I may take notes during our meetings and even give you ACT related exercises to do outside of therapy. You may find it useful to take your own notes and also to take notes outside of the office. You could also tape-record our meetings to review at your leisure at home.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some of my knowledge to help you make the changes you want to make. By the end of 4-6 weeks we can examine whether we are following a path that is helpful for you. Using ACT, this usually means examining valued oriented domains of living and the ways you can work toward what you truly want out of life and therapy. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change actions which in turn will lead to changes in thoughts and feelings. For example, I want you to tell me about these experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals or its methods. Most clients see me once a week or three times a month. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy is called "termination" can be a valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be

done, and our choices. If you would like to take a “time-out” from therapy to try it on your own, we should discuss this. We can make such a “time-out” be more helpful.

I will usually contact you after six months of termination to ask you questions about therapy. These questions will ask you to look back at our work together, and asking them to you is part of my duty as a therapist. I ask that you agree, as part of entering therapy with me to return this follow-up form and to be very honest about what you tell me then.

### **The Benefits and Risks of Therapy**

As with any treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decision. For example, in therapy there is risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or negative feelings. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well with you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions-as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

If you could benefit from a treatment I cannot provide, I will help you get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide her or him with the information needed.

### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am a licensed and trained to practice psychology-not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential-this is-just between us. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. I cannot be involved in your legal affairs as it degrades the value of our relationship.

If you ever become involved in a divorce or custody dispute, workman’s compensation claim, a work disability issue, or any litigation, I want you to understand and agree that I will not provide evaluations or expert testimony you require. This means that I will not provide opinions, reports, statements, or communicate with your attorney regarding these matters. This position is based on two reasons: My statement will be seen as biased in your favor because we have a therapy relationship; and the testimony might affect compromise our therapy, and I must put your treatment first.

Even though you may invite me, I will not attend your family gatherings, such parties or weddings. As your therapist, I will not celebrate holidays or give you gifts: I may not notice or recall your birthday; and may not receive any of your gifts eagerly.

### **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you, be kept private. That is why I ask you to sign a "release-of-records" from before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. You have the right to view your chart at any time, as it will be kept under lock and key. In the event you direct me to collaborate with another provider regarding your treatment, you have a right to know what will be discussed in advance.

In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have the right to tell me only what you are comfortable with telling.

Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

If I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to that authority or government agency vested to conduct child-abuse investigations. I am required to make such reports even if I do not see the child in my professional capacity. I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she committed child abuse, even if the victim is no longer in danger. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these situations:

First, when I am away from the office for a few days, I have a trusted fellow therapist cover for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made.

Please check one of the following:

You are authorized to contact my primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.

I do not authorize you to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical records.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy client records for adults-5 years and for minors when they reach the age of 21. Until then, I will keep your records in a secure place. If I must discontinue our relationship because of illness, disability or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality.

If we do family therapy, where there is more than one client, and you want to have my records of this therapy sent to anyone, all of the adults will have to sign a release. You can review your own records in my files at any time. You may add to them and or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me.

In very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say your home or workplace, if this is of concern to you.

### **My qualifications and experience and associations**

- I am a licensed Pennsylvania psychologist, since 1987. Counting my supervised training, I have been in general independent practice since 1984.
- I am trained in behaviorism, a branch of psychology that views human behavior as learned and therefore, is changeable with the use of behavioral methods. I work with children and adolescents and adults.
- I have a doctoral degree and a master's degree from the Department of Human Development, Bryn Mawr College
- I completed a nine month internship in counseling psychology at the Glen Mills Schools
- I use evidenced-based behavioral interventions. These include family systems approaches, acceptance and commitment therapy, relational frame theory, compassion-focused therapy, functional contextualism, behavioral activation, exposure and response prevention, prosocial, and habit reversal training
- I have lectured and have given workshops on various psychological issues
- I am a member, fellow, and Past President of the Philadelphia Society Clinical Psychologists
- I am a member and fellow of the Pennsylvania Psychological Association
- I am a member of the Association of Behavioral and Cognitive Therapies
- I am a member of the Association of Contextual Behavioral Science, and current President of ACBS PA Chapter
- I am a member of the International Obsessive Compulsive Disorder Foundation

I am a member of Anxiety and Depression Association of America  
I am co-founder of Delaware Valley ACT Learners

### **Telepsychology**

You may contact me using email. I cannot guarantee that this is totally safe. Use of email is confined to scheduling appointments and not counseling. For privacy reasons, I do not save emails, although there are times I will document pertinent information from your emails into your chart. Where appropriate, I do phone and face-time sessions, however this is only for residents in the state of Pennsylvania. This is done on a case by case basis. Due to a possible conflict, I will refrain from joining any of your social media networks such as Linked-in or Face Book. Your chart is kept on my computer using software that is pass word protected, encrypted, and backed up on a regular basis.

### **About our Appointments**

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1-1:15 hours for this first meeting. Following this, we will usually meet for one hour once a week. I will give you advance notice of my vacations. An appointment is a commitment to our work. If you are late, I most likely will be unable to meet with you for the full hour. If you are unable to make our session, 24-hour notice is required in order not to be charged full fee for the session. If for reason of emergency I cannot meet with you, I will make up the hour free of cost to you. You may use email to contact me regarding scheduling appointments only. I will not share clinical information over email, nor will I agree to do counseling by email.

### **Fees and Payment and Late Cancellations**

Payment for services is an important part of any professional relationship. You are responsible for seeing that my services are paid for at the time of our meeting. Meeting this responsibility shows your commitment and maturity.

My current fees are as follows: For both individual and family therapy sessions my fee is 180-210 dollars per hour/session. This fee is collected after each session by check or cash. **In addition I am entitled to charge for writing reports or extensive phone calls, and reviewing records separate from the fee for sessions. In addition you are responsible to pay the full amount of missed sessions without proper 24-hour notice. If you are late for an appointment, you will be charged the full amount. If I miss a session I will owe you a free session. If I am late for a session I will give you extra time to make up the difference in time.**

I am not part of any insurance network or panels so therefore you can expect to be reimbursed out-of-network rates by submitting my receipt which has all of the necessary information. You must check with your carrier to see how much you can collect for my fee. With the Mental Health Parity Act you should be able to collect a portion of my session. Due to the fact that I have no control over reimbursement, I cannot guarantee that you will be paid. I will never bill insurance directly nor will ever cash an insurance check that comes to me by mistake. On occasions, I raise my fees by a nominal amount in order to off-set the costs of doing business.

I am not a Medicare provider and I have opted out of Medicare. This means I am not restricted by Medicare limits in charging my customary fees. If you are a Medicare client then, like other clients you will enter a private contract with me and render payment after each session. I will never bill Medicare directly for my services nor will ever cash a Medicare check that comes to me by mistake. I will ask you to sign a contract stating that you are aware that I am not restricted by Medicare limits in charging my customary fees. I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person by telephone or by mail that you wish to end it. If you are having trouble paying for therapy, please discuss this with me. I will also raise the matter so that we can arrive at a solution.

### **If You Need to Contact Me**

I can be reached at the Radnor House during working hours 8AM-8PM Monday through Friday and Saturday 8AM to 2PM. That number is 610-527-1051. In addition, emergency contact is available by calling my main number.

**Statement of Principles and Compliant Procedures**

It is my intention to fully abide by all the rules of the APA and those of my State license. Problems can arise in our relationship. If you are not satisfied with any area of our work, please raise this me at once. Our work together will be slower or harder if your concerns are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee.

In my practice, as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, and place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record. This is a personal commitment, as well as advance support of the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity.

**Consent Form**

**Our Agreement**

I, \_\_\_\_\_ or guardian \_\_\_\_\_ understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in the brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins, I have the right to withdrawal my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had to I have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist and to cooperate fully to the best of my ability, as shown my signature here.

\_\_\_\_\_ Signature of client or person acting for client Date

\_\_\_\_\_ Printed name

Relationship to client \_\_\_\_\_

Self \_\_\_\_\_ Parent \_\_\_\_\_  
Legal guardian \_\_\_\_\_ Other \_\_\_\_\_

I, Andrew J. D’Amico Ph.D. have met with this client and/or his parent or guardian for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_ Andrew J. D’Amico PH.D LLC Psychologist PS 004905L

I truly appreciate the chance you have given me to be of professional service to you and look forward to a successful relationship with you.

Client Copy

Therapist Copy