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Clinical, Family, &  
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## **Informed Consent for Assessment, Treatment, & Professional Services**

Welcome to my professional counseling and psychology practice. I am committed to providing psychological services, including assessment and counseling/psychotherapy, toward your desired outcome. A clinical assessment or a professional, therapeutic counseling situation establishes a unique relationship between the two of us. In order to assist you in understanding the responsibilities and expectations involved in this professional relationship, I ask that you read and sign the following informed consent. Once the consent form is signed, we can schedule and conduct the first meeting. During the initial meeting I can answer any questions about the consent form and I will also verbally highlight the legal and ethical standards regarding *Confidentiality*. At any time, I am happy to provide you with a copy of your signed consent form.

Professional Disclosure. I am an Arizona Licensed Psychologist and the Founder, Owner and Clinical Director of Arizona Psychology Consultants and Professional Counseling Associates. I earned my Doctorate of Psychology in Clinical and Family Psychology, as well as my Master of Arts in Clinical and Family Psychology, from Azusa Pacific University. I completed my doctoral internship at the University Counseling Center at Texas State University at San Marcos. I also completed my Bachelor of Education in Secondary Education at Arizona State University. I'm honored to sit on the board of directors for Chris Simning Ministries, dba Obscure Ministries. I enjoy teaching and have served as adjunct faculty at Azusa Pacific University, Citrus Community College, South Mountain Community College, Scottsdale Community College's Business Institute and Phoenix Seminary. I am a member of the Arizona chapter and national chapter of the Association of Family and Conciliation Courts, the Christian Association for Psychological Studies, and the Arizona Psychological Association. I am also on the preferred providers list for the Maricopa County Superior Court – Family Court Division.

Primary services I provide are psychological assessment, counseling/psychotherapy, interventions, seminar presentations, and consulting services. Types of consultation services for organizations include candidate and employee screening assessments and mediation services. I also provide court-related and forensic services such as court ordered evaluations, custody evaluations, parenting coordination, and supervised visitations. I have practiced in several different settings including private practice, non-profit community outpatient clinics, inpatient psychiatric hospitals, residential group homes, public schools, and university counseling centers. Frequently, I also work closely with non-profit, church and para-church organizations. Thus, I have experience with a wide range of clientele, including children, adolescents, and adults.

Treatment modalities I provide are individual, couples, marital, family, and group therapy. I provide services for and enjoy speaking engagements on topics such as men's issues, marriage, sexuality and intimacy issues, addictions, depression, anxiety, positive psychology and motivation, loss and grief, trauma and abuse as well as other psychological, spiritual, and existential issues. Recently I've presented as a guest speaker on the Liddy and Hill Show on KKNT; at Southwest Behavioral Health

Training Institute in Phoenix, Arizona; at Celebrate Recovery at Chandler Christian Church in Chandler, Arizona; at Central Christian Church of the East Valley Men's Challenge in Williams, Arizona; and at Empact's 40<sup>th</sup> Annual Southwestern School for Behavioral Health Studies Conference in Tucson, Arizona. I also recently provided seminars and team assessments and consultation for First Covenant Church in Sacramento, California; Fellowship Bible Church in Rogers, Arkansas; and Karis Community Church in Atlanta, Georgia.

The following paragraphs include the structure and standards regarding your rights as a client and the specific arrangement for services. I reserve the right to refer a client to another professional or appropriate resource/organization at any time if the client's needs and goals are not a good match for my skills or experience. Please take time to review the following information.

Financial. Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial individual 45-50 minute intake session is \$160.00 and the fee for an individual 45-50 minute counseling/psychotherapy session is \$145.00; the fee for a 45-50 minute marital or family session is \$160.00; the fee for a 90-100 minute "double" counseling/psychotherapy session is \$280.00. Consultation and seminar fees vary and are contracted on a case by case basis.

In addition to the basic session and intake fees, there may be other fees for additional services such as psychometric testing, report writing, telephone or electronic counseling, consulting, books and materials, copies of chart records, etc. Currently, psychological assessment and feedback sessions are \$160.00 per session hour (50-60 minutes). Fees for scoring and interpreting assessment measures are additional and vary according to the test battery. The standard rate for the scoring and interpretation of assessment measures is \$40.00 per 15 minutes. Fees for forensic and court related cases are \$180.00 per 60 minutes and require a retainer to initiate services. Fees for intervention services are \$180.00 per 60 minutes. If less than 60 minutes, court related and intervention services are billed incrementally at \$45.00 per 15 minutes. Please be aware – in cases where Dr. Branton is subpoenaed, deposed, or asked to voluntarily participate in a legal, court related, forensic activity, in or outside of a court of law, whether civil or criminal, the fees for service may change. Currently, activities related to preparation as an expert witness; participation or testimony as an expert witness; communication with the client(s), attorney(s), or other entities; and other related time such as travel are \$45.00 per 15 minutes. Other expenses related to your specific court related case may also be a client expense. Please be aware, if you choose to have an attorney or any other professional contact me by phone, email, etc., to discuss your case, provide case notes, provide a report of services rendered, provide diagnostic impressions, etc, the fee will be \$45.00 per 15 minutes. Copies of chart notes are \$10.00 for the first 20 pages, thereafter .33 per page – these rates help to cover any administrative time and postage needed to efficiently forward the client records.

Currently, debit or credit – Visa or Mastercard, as well as Discover Card, American Express, personal checks, business checks, and cash are all accepted as forms of payment. I reserve the right to change any fees with 30 days notice posted in the office. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess APC or PCA. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with me or the administrative assistant if you have any concerns.

While I do request that services are paid for at the time rendered, there are unique times and individual cases in which fees are assessed and a balance becomes due. If a client has a balance due, the client

will be informed by phone, email or mail of this balance. If the balance is not paid in a timely manner, the client will be informed of any possible additional late fees and collection fees that might be incurred. If the unpaid balance is more than ninety (90) days past due and no payment plan has been agreed upon by the parties, a \$90.00 late fee will be assessed to the account. Additionally, if an account is more than ninety (90) days past due and repeated attempts to contact the client(s) are unsuccessful or the client(s) is/are informed to remit payment and the request for payment is refused, Dr. Branton and APC and/or PCA reserves the right to utilize other third party collections agencies to then assume the responsibility for collections; the unpaid balance may be submitted to a collections agency if not paid in a timely manner. In the event that a third party collections agency is utilized to pursue and collect payments, please be aware that only the necessary demographic information needed in order for the third party to locate and contact the client will be disseminated. No other personal or confidential information related to any diagnoses, treatment, or other sensitive "HIPAA-related" information will be provided to the third party. However, please note that Dr. Branton's name, occupation, and information about APC or PCA will be provided to the third party as allowed by law in order to establish a business relationship with the third party in order to pursue collections. Dr. Branton will make every effort to work with clients to create a payment plan on a case by case basis if necessary, however, this is an exception; normally payment will be collected at the time of service.

Insurance. Please pay in full for the services rendered at the time of service. At the time you check out, you will be provided with a "superbill" which many clients use to subsequently submit to their insurance companies for possible direct-to-client reimbursement. As a courtesy, for my direct clients with *Blue Cross/ Blue Shield only*, I will bill BC/BS directly for any services rendered. Otherwise, Dr. Branton does not currently bill any other insurance companies. Please keep in mind that many insurance plans do not cover specifically marital counseling or forensic services. It is recommended that you contact your insurance provider before you initiate any psychotherapy or other professional services to identify what is and is not covered by your unique insurance plan. Please note, at times, BC/BS clients may find that their mental health coverage has been "carved out" to another insurance provider. In all cases, however, payment is due at the time of service and is ultimately the responsibility of the client, not an insurance company.

Third-Party Contracting Client. Organizations, employers, individuals and any other third-party payers that wish to contract as the primary client in order to provide clinical services for an individual, such as an employee, are doing so with the knowledge that they will be solely financially responsible for services rendered. Unique arrangements can be discussed and contracted to before services are rendered. Confidentiality and the limited rights of who will have access to the chart records will be discussed and agreed upon before services are rendered and such agreements will be documented in the chart records. Unique contracts can be created to address your organizational needs.

Availability of Services. While we make every effort to respond in an appropriate manner, my practice does not have the capability to respond immediately to counseling or medical emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, Maricopa County Crisis Hotline – 602-222-9444). Established clients with an urgent need to make contact may call me and I will make every effort to respond as soon as possible, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. In most cases, while exceptions do apply, I do my best to respond to phone calls or emails within 48 hours.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. For a regular counseling session, I reserve 45-50 minutes for each client appointment. A regular session “hour” for psychological testing is 50-60 minutes. Appointments canceled at the last minute are very detrimental to my practice as it disallows other clients the use of that particular time slot. Therefore, I ask that you notify me a minimum of one full business day - 24 hours, Monday through Friday, prior to a cancellation. Please note, Saturdays, Sundays, and national holidays are not considered business days; we are not usually in the office on weekends and holidays and a cancellation on a Friday evening or a weekend day may not allow for 24 hour notice.

***Please Note: You will be financially responsible for appointments you fail to cancel in accordance with this 24-hour policy. Please refer to the Payment Agreement for further details.***

Appointment availability varies with the client load at the time. High demand appointment times, such as a 4pm slot, are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

Privacy, Confidentiality, and Records. All communications and records created in the professional treatment process of psychotherapy or other professional services are held in the strictest confidence according to HIPAA privacy and security regulations. However, there are numerous exceptions to confidentiality, as defined in the state and federal statutes. Examples of the most common of these exceptions are:

- when there is a real or potential life or death emergency
- when a judge issues a court order for client records
- or when child or elder abuse or neglect is suspected.

Please note, a subpoena issued by an attorney does not automatically guarantee the release of records. In most instances where a subpoena has been issued, the client must still sign a release of information authorizing the release of records.

I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to give my clients the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the case issues are discussed along with the treatment approaches and methodology. There are also numerous other circumstances when information may be released including: when disclosure is required by the Arizona Board of Psychologist Examiners; when a lawsuit might be filed; to comply with worker compensation laws; to comply with the USA Patriot Act; and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. Please verbalize any concerns if there are further questions regarding your confidentiality.

Please note, progress notes and other chart records may also include phone and email communication between the client and myself, my staff, and (if a release is signed) with other individuals involved in treatment. Any messages that a client might leave on voicemails, text messages, and/or emails may be printed out or transcribed and entered in to the client chart records at any time to ensure proper documentation of any client interactions.

Also, if you are married and primarily seeking marital counseling, a single chart will be created in both spouses' names. Please be aware that if records from a joint marital chart are requested by any party or entity in the future, the signatures of both spouses must be obtained in order to voluntarily release any information. If you are a married couple seeking marital counseling and you would prefer separate

charts in each of your names, please specifically request this and every effort will be made to accommodate your request.

Important to note and agree upon for marital counseling/co-therapy or in multi-client cases: By signing this Informed Consent, you are agreeing that any information you disclose is acceptable to share with the other spouse or other client(s) in the treatment process with you. In other words, in marital counseling or co-therapy, secretive information will not be confidentially held between one of the clients and Dr. Branton and subsequently withheld from the other spouse; Dr. Branton will not agree to hold any secretive information between the spouses. Unless Dr. Branton believes that there is imminent danger to one of the spouses if the disclosed information is shared, all information shared by each spouse is free to be shared with the other spouse, even if that particular information was originally shared in an individual session or by phone or email. If you have any questions regarding this ethical stance and preference, please ask me before you sign this agreement.

Purpose, Limitations, and Risks of Treatment. Psychotherapy/counseling and/or psychological assessment, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to counseling in the first place may result in changes that were not originally intended.

Counseling and/or psychological assessment may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and often frustrating. There is no guarantee that counseling will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in individual or marital counseling. Psychometric testing and psychological assessment can also be an intense process of self and other-revelation. Interpretations are based on the client's test scores, clinical interviews, and other collateral information. While not an exact science, the goal is to be as accurate as possible in the interpretations.

Treatment process and rights. Your treatment process will begin with one or more sessions devoted to an initial intake and/or psychological assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial intake and/or assessment process is complete, we will discuss ways to treat the primary issue(s) and problem(s) that prompted your participation in the counseling process. In doing so, you will be asked to develop specific short-term and long-term goals that together equal a "fluid" treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the potential consequences of such refusal or withdrawal.

Our relationship. The client-psychologist relationship is unique in that it is exclusively professional and therapeutic. In other words, it is usually inappropriate for a client and his or her contracted psychologist to spend time together socially. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention that this happen with my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent document. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signature of Consenting Adult if Needed for Minor Child(ren) or for Marital Counseling:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of minor child(ren) or adolescent(s) (under age 18), please specify the following:

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Full name of minor: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

For office use only - verification that client has read and understands informed consent document  
Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_