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CONSENT FOR SERVICES

Welcome to my practice. I am pleased to have the opportunity to work together. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Psychological Services

As a counselor I provide services to families, adolescents, children, adults, and couples. My training has been diverse and from a wide assortment of approaches, including, family systems, psychodynamic, and cognitive-behavioral. My method when working with clients is to individualize treatment in order to maximize his or her benefits.

When working with adults, treatment often focuses on issues related to life-transitions/ adjustment, depression, anxiety, unresolved grief, parenting, marital discord, and family conflict. When working with children, treatment may focus on anxiety, adjustment to life changes, trauma, behavioral challenges, emotional disturbances, and other behavioral and emotional difficulties.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, and anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy, you should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up another meeting with another mental health professional for a second opinion.

Education and Training

I have been involved in the mental health field for many years via undergraduate and graduate education, field training, and employment. Some of my recent experiences include:

David M. Stroup, Ph.D. PLLC - Private Practice - Mercer Island, WA

David M. Stroup, Ph.D. PLLC - Private Practice - Issaquah, WA

Staff Research Associate at the UCLA Semel Psychiatric Institute, Westwood, CA

Psychology Intern at The Maple Counseling Center, Beverly Hills, CA

Psychology Intern at Department of Mental Health, Long Beach, CA

Practicum Trainee at The Center for Healthy Aging, Santa Monica, CA

Clerkship at the UCLA Office for Students with Disabilities, Westwood, CA

Doctorate in Clinical Psychology with an emphasis in Families and Couples,
California School of Professional Psychology, Alhambra, CA

Dissertation Research: Examined the relationship between differentiation of self
and childhood adaptation roles

My resume is available for review upon request.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Please note that I work with a group of independent mental health professionals, under the name Eastside Psychological Associates. This group is an association of independently practicing professionals which shares certain expenses and administrative functions. While the members share a name and website, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

Client Rights

Clients 13 years of age or older have a right to refuse treatment. Clients have the right to change therapists or receive a referral to another therapist. Clients have a right to ask questions

concerning the findings of their evaluation and treatment, and the right to raise questions about the therapist, the treatment approach, and progress made at any time.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have about what I am prepared to discuss.

Divorced or separated parents often seek therapy for their children to help them deal with the stress and adjustment to the changes they are experiencing. It is my policy, with rare exceptions, that both parents of the child consent in writing to treatment and payment before the child is seen. I do not perform custody evaluations, and will serve solely as the child's therapist.

Confidentiality

In general, the law protects the privacy of all communication between a client and a therapist, and I can release information about our work to others only with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. **If the client threatens to harm him or herself,** I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. **If a client discloses that they have tested positive for HIV/AIDS** I am obligated to report this information to the local health department.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Meetings

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy has begun, I will usually schedule one 50 -minute session per week at a time we agree on, although some sessions may be longer or more frequent. Your appointment begins at the scheduled time, not when you arrive. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 business hours advance notice of cancellation. This means that if you have an appointment on Monday at 9AM you will need to contact me by 9AM the previous Friday to cancel your appointment without charge.** If it is possible, I will try to find another time to reschedule your appointment within the same week.

Professional Fees

My current fee for the initial 83-85 minute diagnostic evaluation is \$250.00. This includes review of past records and phone call contacts with individuals such as teachers and physicians. After the initial session, my hourly fee is \$160.00 (a therapy hour lasts between 53-55 minutes) for individual therapy and \$180.00 for family or couples therapy. In addition to weekly appointments, I charge \$160.00 per hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other

professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you request a classroom observation and/or home visit/evaluation the cost for drive time is \$60.00 per hour plus my hourly fee (\$160.00). My hourly fee for psychological evaluations is \$180.00. This includes test administration, scoring, interpretation, and report writing.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350.00 per hour for preparation and attendance at any legal proceedings in addition to \$60 per hour transportation time.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is

necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/ her name, the nature of services provided, and the amount due.

Insurance

I am a preferred provider for Blue Cross Premera (Preferred Network, Participating Network, Foundations Network) and Aetna. I also accept private pay for my clients. I do not accept Medicare.

Contacting Me

I am available via text, email, and telephone. I use text messaging, email, and telephone voice mail only for administrative purposes such as scheduling issues, sending blank forms to new clients, etc. **Please refrain from leaving important and confidential information on my voice mail, in e-mail, or in text messages. I cannot guarantee your privacy and want a chance to address this material in session. It is important you know that all electronic communication compromises your confidentiality.**

I am often not immediately available. I am in my office on Mondays, Tuesdays, and Thursdays; however, most of the time I am with clients and will not answer my phone. When I am unavailable, my telephone is answered by a confidential voice mail that I monitor frequently. I return calls Monday through Friday and will make every effort to return your call on the same day you make it, with the exception of evenings, weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the clinician/psychologist/psychiatrist on call, or call the Crisis Clinic Line at 206-461-3222, or dial 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Informed Consent

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

I have read the above and have had the opportunity to ask questions. **I give permission for evaluation and treatment for myself.**

Signature: _____ Date: _____

Name (printed): _____

Signature: _____ Date: _____

Name (printed): _____

Signature: _____ Date: _____

Name (printed): _____

I have read the above and have had the opportunity to ask questions. **I give permission for evaluation and treatment for my minor child/children:**

Name (printed): _____

Name (printed): _____

Name (printed): _____

and state that I am the parent or legal guardian for the above named child/children.

Signature: _____ Date: _____

Name (printed): _____

Relationship to client: _____

Signature: _____ Date: _____

Name (printed): _____

Relationship to client: _____