



# Intuitive Psychology, PLC

...behavioral medicine for body, mind and spirit

5635 N. Scottsdale Rd., Scottsdale, AZ, 85250 Phone: (480) 261-4061 Fax: (480) 535-5548 Admin@IntuitivePsychologyPLC.com

Sari Roth-Roemer, Ph.D.

## Patient's Informed Consent of Practice, Policy and Procedure

**Please read the following information carefully. It describes my policies and the related practices to be followed as part of the therapy services I will provide you.**

### Professional Information

I hold a license from the state of Arizona to practice psychology. I received my masters in counseling from Harvard University. I received my doctorate in counseling psychology from Arizona State University. I completed a two-year postdoctoral fellowship in behavioral medicine and pain management at the University of Washington and the Fred Hutchinson Cancer Research Center. I am a member of the American Psychological Association. I am a medical psychologist. This means I have specialized training in working with patients who have medical illnesses. I also specialize in pain management, cognitive testing, geropsychology and intuitive psychology. I strive to maintain a comfortable environment, where you can feel at ease to discuss whatever you find important, and where you can work towards reaching your goals in a timely manner.

### Benefits of Treatment

While there is every expectation that you will notice improvement, there is no guarantee that you will feel better as a result of therapy. Because therapy is a cooperative effort between you and me, you are expected to be an active participant in your therapy. This means you will need to do some work on your own between sessions. During the course of therapy material may be discussed which is upsetting in nature. This may be necessary for you to resolve what is bothering you. I expect you to discuss any concerns that you have about your therapy with me. Of course you have the right to refuse or terminate treatment at any time. But, you must recognize that there could be personal consequences to your recovery if you fail to complete treatment.

### Appointments, Cancellations, Billing and Payments

Every effort will be made to schedule appointments that are mutually convenient. If it becomes necessary for you to cancel, at least 24 hours notice must be given. My office will confirm appointments prior to your scheduled time. A typical therapy "hour" is a 45-50 minute appointment. Billing and payment policies are outlined in detail on my Professional Policy and Procedures form, please read this carefully. You should be aware that for claims to be processed, insurance companies require a diagnosis and, occasionally, other information. By law, such information cannot be released by insurance companies without your specific, informed consent.

### Contacting Me

My phone is answered by receptionist Monday through Friday on a part-time basis. You may leave a message and I will make every effort to get back to you on a timely basis. If you are unable to reach me, and you feel you cannot wait for me to return your call, you should call your primary care physician or the emergency room at the nearest hospital. You may also try calling the EMPACT psychological crisis line at 480-784-1500.

If a crisis arises outside of business hours, you may call the office and you will be given directions how to leave a message for the on-call psychologist. **(If your phone has anonymous call-blocking please make sure to turn off this feature.)** This number is only for problems that cannot wait to be handled during normal business hours.

### Confidentiality

## Intuitive Psychology, PLC

5635 N. Scottsdale Rd., Scottsdale, AZ, 85250

Phone: (480) 261-4061

Fax: (480) 535-5548

Admin@IntuitivePsychologyPLC.com

---

**Communications between my patients and me are confidential, in accord with professional ethics and in compliance with the law. However, Arizona law also specifies certain limitations to this confidentiality. While these limits may not be at all relevant to your particular situation, I am legally obligated to inform you about them. The following are conditions in which disclosure can be made without your consent. I must disclose information:**

1. In order to protect you or others if:
  - a. I believe that you present a danger to yourself and refuse to accept appropriate treatment;
  - b. you tell me of an actual intent to harm another person;
2. In case of child or elder abuse, which must be reported to appropriate state agencies.

Under these circumstances, I am required to take protective actions that may include: notifying the potential victim, notifying the police or appropriate agency, or seeking appropriate hospitalization. If I believe that you are at risk of harming yourself, my only treatment goal is going to be to keep you safe and alive. I will do whatever I need to do to protect you which includes notifying and involving members of your family. If this is unacceptable to you, then I will need to refer you elsewhere. You should know that these situations have rarely arisen in my practice. Should such a situation occur, I would make every effort to discuss it with you before taking any action.

While it is not legally required, I may also disclose information under the following circumstances:

3. In order to collect debts or to protect myself in a court action brought on by you.
4. In certain legal proceedings should a court of law issue an order signed by a judge requiring the release of confidential information.
5. With colleagues about my work with you (never revealing your identity) to provide the best services possible. In any case, only appropriate and necessary information will be provided.

Please be aware, if asked to go to court on your behalf, my fee for services is \$300 an hour.

As I am sure you are aware I am required to keep appropriate records of our work together. These notes will be brief and will only convey general information that communicates the progress you are making. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging to you. In such a case I will be happy to provide them to another psychologist of your choice. If another physician referred your case to me, your progress will be communicated to the physician. Of course, whenever you wish to give expressed, written consent, I can share information about you to whomever you wish. Otherwise, whatever specifics we talk about, stay confidential between us.

Please be sure to raise any questions you may have regarding this form with me before signing.

---

Signature

---

Date

Informed consent and limits of confidentiality have been discussed directly with this patient and questions have been answered.

---

Sari Roth-Roemer, Ph.D.

---

Date