

Debbie L. Grammas, Ph.D. Licensed Psychologist (TX 34464) 713-304-6554  
Informed Consent for Treatment

A therapist-patient, or treatment relationship does not exist until after initial assessment is complete and we have decided to move ahead as evidenced by your signature on this form. It is important that we both agree that we are a good match in working together towards your goals.

I, the undersigned, do hereby voluntarily consent to evaluation, recommendation, and/or treatment by Debbie L. Grammas, Ph.D.

I am aware that the practice of psychotherapy or counseling is not an exact science and that the predictions of the effects are neither precise nor guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures by this therapist. Further, I understand that evaluation and treatment will involve discussion of personal events in my own history, which, at times, can be discomfoting and is at times very personal.

I am aware that I may terminate my treatment at any time without consequence, but that I will remain responsible for payment for services that I have received.

I am aware that any cancellations of appointments must be made at least 24 hours in advance of the scheduled appointment. If I cancel in fewer than 24 hours or do not show up for my appointment, I will be charged the regular fee for the session. I am aware that payment is due at the time that services are rendered to me. If I do not provide payment for the services that I receive, this may be reported to a collections agency and this therapist may discontinue my treatment. In such a situation, this therapist will provide me with referrals to other professionals.

When a couple is seen in therapy, the therapist views the couple as the client. Therefore, releases of information for couple's sessions require written approval of each consenting member of the couple.

Please be aware that text messages, phone, FaceTime, and Skype are not secure modes of communication. I also typically include emails in your chart. I do not friend or accept friend requests from current or former clients on social media to avoid compromising your confidentiality and to maintain professional boundaries.

If you choose teletherapy, it should not be confused with face-to-face therapy, as it has the following restrictions: it is possible a 3<sup>rd</sup> party within your environment, or the therapist's environment, to overhear the conversations being conducted. In addition, a 3<sup>rd</sup> party could hack (man in the middle attack) and overhear or see the session as it is being conducted. Any documents or text messages could be obtained by a 3<sup>rd</sup> party. Viruses, Trojans, Worms, and other programs could reside on clients of therapist's computers, which could send private information to a 3<sup>rd</sup> party. Due to these risks, it is important to maintain appropriate security measures. Firewalls, up-to-date virus scanners, and patched computer systems will help reduce the likelihood of a data breach; however, no method is 100% secure. By signing this form, you, the client, acknowledge these risks.

Teletherapy sessions are conducted via a HIPAA-Compliant Form of Google Meet. Clients will be required to use this service to connect for teletherapy. The therapist will provide instructions on how to accomplish this.

Teletherapy does not provide emergency services. If you are experiencing an emergency situation, call 911 or proceed to the nearest hospital emergency room for help or contact your psychiatrist. If you are having suicidal thoughts, contact the National Suicide Prevention Lifeline at 1-800-273-8255.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding. A retainer of a minimum of 4 hours (\$1400) must be paid 1 week in advance of the scheduled proceeding, in addition to any legal fees I may incur. You also agree that I will not be named as an expert witness for your case without my expressed written consent.

Debbie L. Grammas, Ph.D., is currently licensed as a Licensed Psychologist in Texas. I understand that Debbie L. Grammas, is the sole proprietor of her practice. In the event of her death or disability, her records will be transferred to the therapist of her choosing.

I certify that I have read, or have had explained to me where necessary, fully understand, and agree to the contents of this document.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Debbie L. Grammas, Ph.D.

\_\_\_\_\_  
Date