



## INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES INDIVIDUAL PSYCHOTHERAPY

**Welcome:** Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey.

**My credentials:** I am a clinical psychologist who is licensed in the state of Texas by the Texas State Board of Examiners. As a licensed psychologist my work is regulated by the laws governing my license as well as the ethical principles of my profession.

**What to expect from therapy:** Psychotherapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. My approach to therapy is psychodynamic and emotion-focused. This means that I focus on helping you uncover the root causes and stuck emotions that contribute to current life distress. The therapy may involve temporary periods of discomfort as you begin to work through past trauma or confront psychological conflicts you have previously been avoiding.

**Psychotherapy Fees:** Individual therapy is billed at the rate of \$165 for a 50 min session. *I, the client, agree to pay the stated fee by cash, check, or credit card at the beginning of each session. If I, the client, am prevented from attending my scheduled session and do not cancel my appointment at least 24 hours in advance, I agree to pay the full session fee.* This practice of being charged for no-shows or late cancellations is standard practice in the field and takes into account that you are not just paying for services rendered, but renting a time slot, which I will not be able to fill on short notice.

**Can I Use My Insurance?:** I do not accept payment directly through health insurance plans. However, some insurance companies may reimburse part of your therapy expenses if you have out-of-network coverage for behavioral or mental health. Upon request, I am happy to provide you with a receipt that you can include when filing an insurance claim with your insurance company. Out-of-network reimbursement is often contingent on receiving a medical or mental health diagnosis and certain diagnoses may not qualify. I do not accept responsibility for collecting payment from your insurance company and cannot guarantee that you will be reimbursed or that you will qualify for a reimbursable diagnosis. Please contact your insurance provider to find out if you have out-of-network coverage and bring any necessary forms to your first appointment.

**Confidentiality:** It is important that you feel safe to talk openly about feelings, thoughts, and events in your life. To make that easier, the information you share with me is considered confidential information and is protected by the regulations governing my license as well as state law. As a psychologist I cannot reveal to third parties whether or not you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so. In certain rare instances, however, I may be mandated or allowed to share information without your written consent:

RUNE MOELBAK, PH.D.  
PSYCHOLOGIST (TX#36117)  
3400 BISSONNET ST #270  
HOUSTON TX 77005

PHONE: 832-542-6244  
FAX: 713-668-6595



I may disclose information about you or about your therapy in the following instances:

- If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical or sexual abuse, neglect, or exploitation, I am required by state law to make a report to Texas Family and Protective Services with or without your consent.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist I am required to make a report to the licensing board governing the license of the therapist.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.
- If you submit an out-of-network health insurance claim and the insurance provider needs information to authorize the therapy or the billing.

**The scope of my services:** I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you. If you are looking for a very specialized treatment for an eating disorder, obsessive compulsive disorder, attention deficit/ hyperactivity disorder, panic disorder, or substance use disorder, or a very specific treatment method such as exposure and response prevention, and if you do not want to explore how personality dynamics, personal history, and internal conflicts may contribute to the above problems, I may not be the best therapist for you. Also, if you are having current hallucinations/ delusions, severe thoughts of suicide or self-harm, or extreme Bipolar mood swings you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a different or more intensive treatment if I believe you exceed the level of care I can offer.

*I, the client, consent to the above terms and agree to initiate treatment with Rune Moelbak, Ph.D. (Psychologist, License TX #36117)*

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(Print Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)