



**Go to Sleep San Diego  
Introductory Information**

**PROFESSIONAL STATEMENT  
Nancy J. Lin, Ph.D.  
(effective 01/03/2018)**

*Please note: Your input is required on pages 4, 6, 8 and 9.*

**Information for Clients**

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This professional statement answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This professional statement talks about the following:

- What the risks and benefits of therapy are.
- What the goals of therapy are, and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost, and how I handle money matters.
- Other important areas of our relationship.

After you read this professional statement, we can talk in person about how these issues apply to you. This professional statement is for your records. Please print this out and read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this professional statement, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

**About Psychotherapy**

I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy. I believe that most people want to get on with their lives rather than stay in therapy longer than they need. The goals of my treatment are to get you back to the life you want to live or at least help you to develop the skills to continue the journey after our therapy is done.

My theoretical approach is based on cognitive behavioral and interpersonal principles. This means I use interpersonal principles to understand who you are as a person in your relationships and life contexts that matter most to you. I use evidence-based therapy (EBT) whenever possible, those that have a proven track record of effectiveness according to rigorous research. The EBTs I use are designed to be time-limited and yield results within approximately 10 - 15 sessions, depending on your condition and the amount of time and effort you can devote to therapy while balancing other responsibilities. To the best of our abilities, we will tailor a therapy experience that is suited to your life.

I usually take notes during our meetings. I encourage you to take your own notes, and also to take notes outside the office. You could also audio-record our meetings to review at your leisure at home. If you engage in Prolonged Exposure therapy, you will audio-record our meetings as a part of your homework. If you record therapy sessions, I ask that you keep these recordings private and discuss it with me first before playing the recording to other people. By the end of our first or second meeting, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement and honesty.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

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An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, keep records, and read to deepen your learning. In order to ensure the best chances of success, please expect to engage in 30-90 minutes of daily therapy-related practice outside of our scheduled therapy sessions. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 3 to 4 months. Some clients may benefit from working more intensively and see me twice a week for 2 to 3 months. After that, we meet less often for “check-ins” as needed. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. This discussion can often make such a “time out” be more helpful.

**The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Sometimes, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

**Consultations**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical psychologist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

**What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

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- 1) I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.
- 2) State laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this professional statement. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.
- 3) In your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. Similarly, even though you might invite me, I will not attend your family gatherings, such as parties or weddings.
- 4) If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

**About Confidentiality (Notice of Privacy Policy)**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

- 1) If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
- 2) Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
- 3) If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
- 4) If I believe a child or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.



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- 1) When I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.
- 2) I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited.

\_\_\_ **TRIWEST/Veterans Choice Program (if applicable)**

If you are receiving an evaluation or therapy services from me as a part of your VA benefits through the Veterans Choice Program (administered by TriWest), please note that I am required to send a copy of each of our therapy session progress notes to the VA. The purpose of sending your session progress notes are to: 1) Fulfill my contractual obligation as a provider through the Veterans Choice Program, 2) Make sure your care with me is documented in your VA medical records, and 3) Allow the VA to make informed decisions about whether or not to authorize further care if we request it. The VA and TriWest require me to upload an electronic version of session notes and requests for additional care through a secure electronic portal or send the information through a secure fax. By accepting to engage in care with any Veterans Choice Program provider, including me, you are consenting to having your health records sent to the VA either through the secure electronic portal or by fax. Please sign below if you are using your VA benefits to receive care and understand and agree with the above:

\_\_\_ **TRICARE (if applicable)**

If you are receiving an evaluation or therapy services from me as a part of your military (individual, retiree, or family) benefits), please note that I am sometimes required to send a copy of each of our therapy session progress notes to the referring military treatment facility. The purpose of sending your session progress notes are to: 1) Fulfill my contractual obligation as a provider through Tricare and 2) Allow your primary care provider to make informed decisions about whether or not to authorize further care if we request it. Tricare sometimes requires me to send the information through a secure fax or upload it electronically through a secure portal. By accepting to engage in care with me, you are consenting to having your health records sent to the referring military treatment facility either through the secure electronic portal or by fax. Please sign below if you are using your Tricare benefits to receive care and understand and agree with the above:

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

Except for situations like those I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

My colleagues and I make every effort to keep the names and records of clients private. My colleagues and I will try never to use your name on the telephone, if clients in the office can overhear it. We have all been trained in how to keep records confidential.

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If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

In accordance with California law, adult clients' records will be retained for 7 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

#### **Access to Your Records**

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others; I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

### **What to Expect**

#### **My Background**

I am a licensed clinical psychologist in California (Lic #23741) with specialized experience in the treatment of posttraumatic stress disorder (PTSD) and insomnia as well as experience treating depression and addiction. I am trained and experienced in doing one-on-one therapy with adults (18 years and over). Earlier in my career, I worked in hospitals, clinics, residential and military settings. I hold these qualifications:

- I have a doctoral degree in clinical psychology from the University of Massachusetts-Boston, whose program is accredited by the American Psychological Association (APA).
- I completed an internship in clinical psychology, approved by the APA, at the VA San Diego Healthcare System and UC San Diego.
- I am certified to provide Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) Therapy and am trained to provide Cognitive Behavioral Therapy for Insomnia (CBT-I), as well as several other cognitive behavioral therapies for nightmares, addiction, depression and anxiety.
- I have training and experience in providing evidence based therapies via telemental health (a.k.a. therapy using video conferencing using the Internet).

#### **About Our Appointments**

The very first time I meet with you, we will need to give each other much basic information. Following this, we will usually meet for a session once or twice a week for 50 to 90 minutes, depending on the treatment we decide is right. This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law. (Updated January 3, 2018.)



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for you. We can schedule meetings for both your and my convenience and according to what makes sense clinically. I will tell you at least two weeks in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 24 hours' notice. Your session time is reserved for you. If the appointment is not kept or is cancelled with less than 24 hours' advance notice, you can expect me to charge you for it. Your insurance will not cover this charge. (Cancellation charges do not apply to clients using Triwest.) Please understand that unlike therapists who are employed by hospitals, I do not receive a salary; I only earn an income when we successfully meet for a therapy session. Due to the extent to which last-minute cancellations have impacted my practice, as of January 2018, I am creating a policy in which the maximum allowable number of last-minute cancellations is 2 for the year; the third last-minute cancellation will result in termination of care. Of course, physical illness and other exceptions can be discussed and will be considered on a case-by-case basis.

**Appointment Reminders** – With your permission, I am able to send auto-generated appointment messages by text, email or phone. If you would like to receive appointment reminders, please give me permission to do so. (I cannot guarantee your privacy as others may be able to access your phone or email. Data rates may apply.)

**I give permission to receive appointment reminders** (choose **one** and fill in contact info):

Text message: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone call (voicemail): \_\_\_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

**Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity. If you are a client using insurance, Medicare, Tricare or TriWest, you will pay only your co-pay, as applicable.

For self-pay clients, my current regular fees are as follows. You will be given advance notice if my fees should change. Regular therapy services: \$175 for a session of 50 minutes and \$275 for a session of 90 minutes. Please pay for each session at its beginning. I accept personal checks, cash, PayPal and major credit cards; I will need the actual card if payment is being made by credit card. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Telehealth sessions: If after working together in office visit sessions we find that it may be appropriate to continue some of our therapy work over the Internet as live telehealth sessions, these sessions will be charged in the same way that office visit sessions are charged. However, please note that many health insurance companies have not yet

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approved reimbursement for telehealth sessions. Please check beforehand. A special additional consent form and safety plan will be required for people suited for telehealth sessions.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Initial psychological evaluation: Psychological evaluation fees include the time spent with you (60-90min), the time needed for scoring and studying the results on assessment measures, and the time needed to write a report on the findings (1 hr minimum). The amount of time involved depends on the assessment measures used and the questions the assessment is intended to answer. Current psychological evaluation fee is \$200.

Reports: I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill you for any extra-long or complex reports. The insurance company will not cover this fee.

**Payments, Statements & Termination:**

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well. I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship. If you occasionally forget to bring your form of payment, I will expect full payment at our next session. If more than \$300 then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small-claims court or a collection service. A late payment fee of \$30 will be charged each month that a balance remains unpaid. If there are extenuating circumstances, please bring them to my attention.

At your request, and when you have paid for all sessions, I am happy to send you a final statement of what you have paid for my services for your tax records and record of psychotherapy attendance for your reference. Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client's personal income taxes as medical expenses.

**Health Insurance**

I am a network provider for Lyra, Medicare and TriWest. I am an approved non-network provider for Tricare.

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. I am not currently on the panel of any HMO plans; however, many PPOs will reimburse Patients directly for much of the expenses for psychotherapy services by out-of-network psychologists like me. **If you would like to use your health insurance benefits to pay for therapy you receive from me, you will need to check with your insurance company to see if they allow Patients to be reimbursed directly for services from out-of-network providers that Patients first pay out of pocket.** Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know. If your health insurance will pay part of my fee, I will help you with your insurance claim forms so that you can receive reimbursement. However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.

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2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon.

**EMERGENCIES**

**If You Need to Contact Me**

Please note that I am not at the office on a full-time basis. My services are not suitable for emergencies and acute crises. If you have an emergency or crisis, seek immediate help by going to your nearest emergency room or by calling 911. After the emergency or crises and your safety has been ensured, please contact me so that I can follow up with you accordingly. I cannot be financially responsible for emergency or critical care services you may seek.

**If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend *living in the local area*. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. By providing the name and contact information of the person, you grant permission for me to tell the person that you are in psychotherapy/mental health care with me, and to discuss the nature of our work to the level necessary for ensuring safety in the context of an urgent situation or emergency. You agree to grant this release of information until we formally terminate our treatment together.

Emergency Contact Person	Relationship to you	Phone number
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Your signature below indicates your authorization for Dr. Nancy Lin to contact the named party above (Emergency Contact) to discuss your situation based on the professional judgement of Dr. Lin. In general, the minimum necessary information will be conveyed.

Signature of Client	Date
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**Contacting Other Members of your Medical Care Team**

When you agree to have me on as a member of your medical care team, I am by law allowed to contact other providers working with you. This is because the best care is generally provided when all medical care team members are working with the same goals in mind. Please indicate your acknowledgement and agreement for me to talk to your other doctors and providers by listing their names and contact information below:

<b>Provider Name:</b>	<b>Role:</b>	<b>Contact info (phone, email, etc.):</b>

Your signature below indicates your authorization for Dr. Nancy Lin to contact the named parties above (Other Members of your Medical Care Team) to discuss your care, condition and concerns based on the clinical judgement of Dr. Nancy Lin in accordance with professional standards.

Signature of Client	Date
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**Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of the California Board of Psychology. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Board of Psychology for the State of California, the organization that licenses those of us in the independent practice of psychology.

In my practice as a clinical psychologist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran/military status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**Our Understanding**

**I, the client, understand I have other choices in seeking therapy and have the right not to sign this form. My signature below indicates that I have read, discussed and understood the information in this document; it does not indicate that I am waiving any of my rights.** I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this professional statement, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective. I understand that individual outcomes vary.

I have read, or have had read to me, the issues and points in this professional statement. **In particular, I understand the Privacy Policy described in this document.** I have discussed those points I did not understand, and have had my questions, if any, fully answered.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

I, the clinical psychologist, have met with this client for a suitable period of time, and have informed him or her of the issues and points raised in this professional statement. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment.

\_\_\_\_\_  
Signature of Nancy J. Lin, Ph.D.

\_\_\_\_\_  
Date