

Mark W. Matthews, PhD



Clinical Psychologist

305 Miron Drive
Suite 104

Southlake, Texas 76092

Voice: 817-909-3766

Fax: 817-479-9496

Email: markmatthewsphd@gmail.com

PATIENT INFORMATION

Today's Date _____

First Name _____ MI _____

Last Name _____

Address: _____

City: _____ State: _____ Zip _____

Email address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Number: _____

Date of Birth: _____ Social Security Number: _____

How did you hear about me? _____

Insurance Information for Out-of-Network Provider Reimbursement

Insurance Company: _____ Plan Type _____

Address: _____ Suite _____

City: _____ State: _____ Zip _____

Billing/Benefits Phone Number: _____

Policy ID Number: _____

Group Number: _____

Policy Holder: _____ Gender _____ Date of Birth: _____

Policy Holder Address: _____

City: _____ State: _____ Zip: _____

Policy Holder Phone Number: _____

Policy Holder Employer: _____ Relationship to Patient: _____

EMERGENCY CONTACT INFORMATION¹

Name _____

Address: _____

City: _____ State: _____ Zip _____

Primary Phone: _____ Phone Type _____

Secondary Phone: _____ Phone Type _____

Relationship to you: _____

¹ If an emergency arises during our work together or I become concerned about your personal safety, state law and the rules of my profession allowed me to contact someone close to you—perhaps a relative, spouse, or close friend.



INFORMATION FOR THOSE SEEKING THERAPY

I am excited you are interested in starting therapy. Furthermore, I am honored you are considering therapy with me. I sincerely believe the relationship we develop in therapy can have a profound and lasting impact on your life. I believe you will experience symptom relief and other deeply significant changes; many of these changes may be unexpected. While there is excellent scientific research to indicate therapy can bring relief from very painful symptoms (e.g., anxiety, depression, substance abuse, sexual problems, compulsive behaviors), therapy also has the potential to change other aspects of yourself, which are not “symptoms” but “way of life issues” like making difficult decisions, low self-esteem, identity confusion, and relationship difficulties.

Before you agree to enter therapy with me, I want you to have a solid understanding of the type of therapy I practice. If you have never been in therapy, this information may be new. If you have been in therapy, I may approach our work differently than your previous therapist. Regardless, I want to outline certain aspects of the therapy I practice. First, I do not intend to keep any secrets from you concerning my thoughts and beliefs about you and your treatment. Second, I want you to have enough information to make an *informed decision* about whether entering into therapy with me is something that will benefit you. Therefore, I shall provide the following information I believe will be helpful to you in making such an important decision.

- My beliefs about therapy
- The benefits and risks of therapy
- Our professional relationship
- My background
- Appointment policies
- How to contact me

After you read the information, we can discuss, in person, any questions or concerns about issues addressed below. This brochure is yours to keep and refer to later.

My Beliefs about Therapy

Because therapy is an important investment of time, money, and energy, carefully choosing a therapist is important. There are several criteria people may use when choosing a therapist (e.g., age, gender, reputation, participates in insurance plan) and these are important factors to consider. A key factor many people choosing a therapist DO NOT consider is the therapist’s clinical/theoretical orientation. I believe it is of paramount importance that you, as a potential patient, know what theory guides and informs the therapy I will use when providing you treatment.

In fancy jargon, my theoretical approach is “an existentially-informed phenomenological approach to psychoanalytic and psychodynamic psychotherapy.” I imagine, those fifty-cent words do not mean much (unless you are a psychologist). Let me outline then, what I believe about all people and how therapy can help.

First is a belief we all have thoughts and feelings that are not in our immediate awareness. Second, thoughts and feelings outside of our awareness influence how we think, feel, and act. Next, most of these unconscious thoughts and feelings are rooted in early life experiences shaped in relationships with parents and other important caregivers. Said this way, we all carry around within

our thoughts and memories important historical relationships, even when we are not aware of them. Most people realize childhood events greatly influence the person they are now--both the fulfilling qualities and the uncomfortable qualities of the person they now are. In therapy, I want to explore and help you understand and experience how thoughts and memories of important early relationships influence your current relationships. As a psychologist, I use some specialized skills and understanding to help you experience and understand yourself, your relationships, and make changes in your life. Insight into the interaction between your unconscious, memories, dreams, and your present reality is a key step towards change and gaining relief from the problems that led you to seek therapy.

Insight is often not enough to bring about lasting change. Just because you understand, “why” you act or feel does not mean you can and will choose to feel or act differently. I believe the centerpiece of therapy, which provides lasting change, is the relationship between you and me. In this unique relationship, how you experience me as you choose topics and areas you want to address or work on, provides us special insight into all of your relationships. Because evaluating our relationship is so central to the therapy I practice, I value your questions and thoughts about our relationship and me. Because you will have thoughts and feelings (both positive and negative) about therapy and me, I ask you make your best effort to disclose these thoughts no matter how unrelated, odd, or uncomfortable the thoughts might be. These thoughts and feelings become a focus for therapeutic discussion. This requires your active involvement. While not easy to say aloud, bringing into the room **whatever** is on your mind or in your awareness is extremely important; nothing you think is weird, forbidden, or irrelevant.

The thoughts and feelings you have about me are often a function of what therapists call “transference.” This is a central and distinguishing feature of a psychoanalytic and psychodynamic therapy. Transference refers to the “transfer” of feelings and conflicts with significant others in your past onto me in the present. Since you, like all people, have been psychologically shaped by your past experiences with significant others, your relationship to yourself and others is reflected in the transference in both beneficial and challenging ways. While transference occurs in all relationships, therapy provides the unique opportunity to understand this phenomenon with the potential to resolve any distortions within the therapeutic relationship. The goal of working through the transference with me is to extend that ability to other relationships.

When possible, I prefer to see patients at least twice a week; some patients choose to increase their frequency to three times a week. At the very least, I want to see patients weekly. My experience is any less frequently, and the therapy I practice is ineffective and a waste of your valuable time and money. While you do not need to see me twice a week, or more, for effective therapy, I will let you know my opinion regarding session frequency given your problem’s intensity, frequency, and duration. Furthermore, because I believe so strongly in the therapeutic value of meeting with a therapist more than once a week, I structure my fee schedule to make this financially easier. Length of treatment is variable. As a general guideline, given the nature of the therapy I practice, most patients see me at least 9 months. Many see me for at least 12 months. A notable number continue beyond a year.

One of my goals is for your therapy to be beneficial. Furthermore, I begin all therapy relationships with the goal of bringing the therapy to a successful ending. That said, many of my patient’s, continue to see me, even when their symptoms no longer cause them problems, with no specific plans on ending. They report benefiting from such an open-ended approach the way many people value the discipline and growth from an ongoing workout program, playing golf, or training in a martial art.

When you do want to end therapy exploring this process (technically called “termination”) can be a valuable part of our work. Stopping therapy abruptly and offhandedly limits our opportunity to explore what you can learn from the termination process. Nevertheless, either of us may decide to end the relationship if one of us believes ending is in your best interest. If you desire or wish to stop therapy at any time, I ask you to agree now to meet for at least one session to review our work together. If you would like to take a “time out” from therapy, I would ask you discuss this too. Discussing the time out can often make such a hiatus more beneficial.

The Benefits and Risks of Therapy

As with any powerful treatment, there are many benefits as well as some risks with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative emotions. You may recall unpleasant memories. These feelings or memories may bother you at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed, or even dangerous. Also, you may experience problems with people important to you. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, your 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 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. Your relationships and coping skills may improve greatly. You may get more satisfaction out of social and family relationships. Your personal goals and values may become clearer. You may grow in many directions—as a person, in your close relationships, in your work or schooling, and in the ability to enjoy your life.

I do not initiate treatment with patients I do not think I can help. Therefore, I will enter our therapy relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you 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 the use of medication. If I do this, I will fully discuss my reasons with you, so 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 in addition to me. As a responsible person and ethical therapist, 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.

Our Professional Relationship

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

First, I am licensed and trained to practice clinical psychology—not law, medicine, financial planning, or any other profession. I am not able to give you appropriate and qualified advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). 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 brochure. Here I want to explain that I try not to reveal who my patients are. This is part of my effort to maintain your privacy. If we meet in the mall, on the street, or socially, I will not approach you or initiate contact unless you initiate contact first. Furthermore, I may limit this contact if initiated by you. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, 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 or socialize with any of my patients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any patient during, or after, the course of therapy. I cannot have a business relationship with any of my patients, other than the therapy relationship.

About Confidentiality

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 are 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. I also ask you not to disclose the name or identity of any other patient seen in this office.

In all but a few situations, state law and the rules of my profession protect your confidentiality. Here are the most common cases in which confidentiality is *not* protected:

- If I have cause to believe a child, a disabled person, or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.
- If you make a serious threat to harm yourself or others, the law allows me to try to protect you or that other person. This usually means telling others about the threat and helping you seek appropriate help.
- If you inform me that a mental health professional has been sexually inappropriate with you I am required to notify state authorities.
- If I am subpoenaed to appear in court and provide testimony regarding my knowledge and experience of you, I will assert privilege on your behalf. If the judge insists I testify, I will testify truthfully and honestly to whatever I think or believe about you.

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.

I might talk about part of your case with another therapist, student, or professional. I ask now for your understanding and agree to let me do so in these limited situations.

- When I am away from the office for a few days, if you or I believe you need support, 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 I am bound by to protect your confidentiality.
- I sometimes consult other therapists and experts about my patients. This helps me provide high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, 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 recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. You can refuse to allow this recording, or can insist I edit the recordings.
- I teach graduate students at the American School of Professional Psychology at Argosy University, Dallas. I teach Psychodynamic Theory and Therapy and often use case material from my private practice to highlight and explain topics covered in class. I use both verbal summaries and auditory recordings of therapy sessions. When I use verbal summaries, I alter the case material significantly (e.g., changing age, gender, race) to disguise the information and maintain your confidentiality. When I use auditory recordings, I alter aspects of the recording in order to maintain your confidentiality. Similar to the use of recordings for consultations noted above, you have the right to refuse any recording and can insist I edit any recording.
- I occasionally write for publication. Similar to teaching, I use case material from my practice to illustrate examples and highlight issues. When I use this material, I alter the material substantially to disguise the patient and maintain your confidentiality.

Except for the situations I have described above, I shall always maintain your privacy.

If another professional or anyone else needs to see your records, I shall discuss it with you in advance of disclosing any information. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. If you have questions, please ask me.

Consistent with APA standards it is my office policy to destroy patients’ records 10 years after the end of our therapy. Until then, I shall keep your case records in a safe place. If I must discontinue our relationship because of illness, disability, or premature death due to unforeseen circumstances, I ask you to agree to my transferring your records to another appropriate clinician or professional organization who will assure their confidentiality, preservation, and appropriate access.

In general, you may review your own records in my files at any time. There are some limitations regarding raw testing data, but for the most part, you have access to your information. You may add to this information or correct this information, and you may have copies of the records. I ask you to understand and agree you may not examine records created by anyone else and sent to me. In some very rare situations, I may temporarily remove parts of your records before I allow you see them. This would happen if I believe the information would be harmful to you; nevertheless, I shall discuss this with you if it becomes an issue.

Other Points

If you ever become involved in a divorce or custody dispute, I want you to understand and agree I **shall not** provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. I base this position on two reasons: (a) others will view my statements as biased in your favor because we have a therapy relationship; and (b) the testimony might affect our therapy relationship, and I shall always make our therapy relationship my highest priority.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I shall return the originals to you upon receiving your written request; nevertheless, I shall retain copies of your submissions.

Statement of Principles and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) and by those of my state license. Nevertheless, 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 you do not address and work out your concerns with me. I shall make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. Furthermore, you are also free to contact the state or local psychological association and speak to the chairperson of their ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Texas State Board of Examiners of Psychologists, the organization that licenses my independent practice of psychology. I have posted this information in my office waiting room and their number telephone number is 512-305-7700. Their website is <http://www.tsbep.state.tx.us/>.

In my practice as a therapist, I do not discriminate against patients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran 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 I have discriminated against you, please bring this matter to my attention immediately.

My Background

I am a licensed clinical psychologist. I provide a variety of clinical services including psychotherapy, psychological assessment, and consultation and supervision. I typically provide individual psychotherapy with adults, adolescents, and couples. The psychotherapy I provide is psychodynamically oriented. Furthermore, I have special training in treating people interested in integrating their Christian faith into therapy². I provide psychological assessments to provide differential diagnoses, treatment recommendations, and answer a variety of other referral questions. I provide consultation to new and seasoned mental health professionals interested in furthering their work in psychodynamic therapy and in integrating faith in their practice. I provide supervision to pre-licensed professionals training to become licensed psychologists.

² Many potential patients ask if I am a Christian Counselor or if I provide Christian Counseling. This is an important question. If this is important to you, please bring it up with me directly so we can talk about my understanding of how faith intersects with therapy face-to-face.

- I have a doctor of philosophy degree (PhD) in clinical psychology from the Rosemead School of Psychology at Biola University. This program is APA accredited.
- I completed a predoctoral internship in clinical psychology at the Federal Medical Center in Fort Worth, Texas. This internship is APA accredited.
- I completed a postdoctoral residency with Deer Oaks Mental Associates in Fort Worth, Texas. This residency is APPIC listed.
- The Texas State Board of Examiners of Psychologists licenses me as a Clinical Psychologist. License #31431

About Our Appointments

The first time I meet with you, we shall discuss your primary concerns and if the type of therapy I practice is appropriate for your needs. If I believe I can be of help to you and if you are interested in entering therapy with me, our next session will be a detailed background interview. This session typically runs at least an hour and a half and often runs a full two hours. Following this intake, I see individuals for a 45 to 50-minute session and couples for a 90 to 100-minute session at least once a week and perhaps more frequently. Depending on your wants and needs, frequency can vary during the course of therapy. We can schedule meetings for both your and my convenience. I do my best to tell you at least a month in advance of my vacations or any other times we cannot meet.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am 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, I shall probably be unable to meet for the full time, because it is likely I will have another appointment or another obligation after your appointment.

Consistent with the commitment to our work, I reserve a specific appointment time for you into the foreseeable future. I also do this for all my other patients. This is different from other medical professionals who often “double-book” and “overbook” to account for an expected “no-show rate.” I **do not** double-book or over-book. Therefore, I am rarely able to fill a cancelled session unless I have two weeks’ notice. While I understand you cannot always give me two-weeks’ notice, I charge the patient’s regular fee for sessions cancelled with less than 48 hours’ notice, for other than the most serious reasons. If you are late for an appointment, I shall attempt to contact you 15 minutes into the session to check and see if you are intending to make the appointment.

Fees, Payments, and Billing

Payment for services is an important part of all professional relationships. This importance is magnified in therapy because of the focus on our relationship. I provide psychological services on a fee-for-service basis. This means you pay me directly for my therapy services. I do not bill your insurance company for my reimbursement. This provides you the freedom and opportunity to have **direct input** and **control** of your treatment without the interference of a managed-care or insurance company. This arrangement allows me to keep my fees as low as possible, because it cuts down on billing and bookkeeping costs. Furthermore, your treatment (and any diagnosis) is your private business and need not be reported or disclosed to anyone you do not want to tell.

Unless we make prior arrangements, payment is required at the time I provide services. I prefer you to receive payment in cash, personal check, or a check drafted by your bank and mailed in advance of your session. If you would like to pay by credit card, we can discuss how I can invoice you and the fees associated with such invoicing and payment processing.

While I do not bill your insurance company for you, if you would like to submit a claim to your insurance company, I can provide you with a “super-bill” statement detailing the services provided so you can submit the information to your provider. I can also provide you with “standard” insurance forms so you can file them to be reimbursed for the services I provide. Furthermore, many patients use their “flexible spending accounts” at work to pay for their therapy with pre-tax dollars. The billing statement and/or insurance forms I provide will contain all the information needed to be reimbursed from your insurer or your FSA account.

I want to be upfront and clear about how much I charge. The initial consultation is free. I see no reason you should pay to decide if I am the right therapist for you. I believe I provide a valuable service at a fair market price I hope you will find affordable.

Fee Schedule (Full-Fee)

Initial Consultation	Free
Diagnostic Interview	\$220.00
Psychotherapy – 45 min	\$160.00
Telephone Consultations beyond 10 minutes	\$160.00 prorated
Psychological Assessment (by hour)	\$170.00
Forensic Services (by hour)	\$350.00

Furthermore, I adjust my fee for a variety of reasons. For example, I offer discounts for full-time graduate students training in clinical psychology or an allied field, seminary students, and persons in full-time Christian ministry. Further, I also provide fee adjustments for patients referred through certain agencies, churches, and organizations. As noted above, I offer a marked discount for increased session frequency. Specifically, when the patient pays all sessions at the beginning of the week, I reduce the fee of each subsequent session per week by fifty-percent from the previous session fee. Finally, patients are welcome to combine both discounts.

Discount Example 1 (Full-Fee)

Monday	=	160.00
Wednesday	=	80.00
Friday	=	<u>40.00</u>
Total	=	280.00

Discount Example 2 (Reduced-Fee)

Monday	=	100.00
Wednesday	=	50.00
Friday	=	<u>25.00</u>
Total	=	175.00

Psychotherapy: Please pay for each session at the **beginning** of the appointment. I have found this arrangement works best because it allows us to focus on whatever you are bringing into the consulting room without having to “remember” something needs to be addressed at the end. Furthermore, I suggest you make out your check before each session begins, so we can start on time and use your entire session to its fullest.

Telephone Consultations: There is no charge for calls about appointments or similar business. Furthermore, I prefer to practice therapy face-to-face. Nevertheless, if it becomes necessary, I am comfortable meeting your therapy needs over the telephone.

Online Video Consultations: I am beginning to explore the use of video conferencing technology (e.g., Skype) to provide psychotherapy as an alternative to telephone consultations. If you are interested, please let me know so we can discuss if I believe you are a good candidate for this type of work.

I will assume that our agreed upon session schedule and the associated fee-paying relationship will continue as long as I provide services to you. Furthermore, I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. In other words, you have a responsibility to pay for any services you receive before you end our relationship. If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution.

If you would like, I can give, mail, or email you billing statements. The statements can be used for tax purposes, health insurance claims, or flexible spending accounts (FSA). It will show: (a) services rendered, (b) charges for the services, (c) how much you have paid, (d) and how much (if any) you still owe, (e) a diagnosis if needed. If you do not want or need a statement, I do not have to provide you one.

If there is any problem with my charges, my billing, your insurance, or any other money-related matter, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. I shall strive to provide a safe place in session where we can address and work out money-related matters openly and quickly. I shall give you at least one month's advance notice if my fees should change.

How to Contact Me

I cannot promise I will be available at all times. Further, because of my schedule, I cannot promise to answer the phone. You can always leave a message on my private and confidential voicemail, and I shall return your call as soon as I can. Furthermore, the above number is a mobile number and you may feel free to send me a text-message.

In case of a crisis, call 817-909-3766. If I do not answer the phone, and you want me to contact you by telephone as quickly as possible, please follow the procedures below:

1. **DO NOT JUST LEAVE A MESSAGE**
2. Press the **number 5** to send me a callback number (including any area code)
3. **At the end of entering the Callback Phone Number, enter 911 to indicate it is a high-priority number**
4. **DO NOT HANG UP**
5. After entering your callback phone number + 911 (e.g. 214-555-1212-911), the voicemail system you will give prompts to leave a voice message.
6. **Please leave a detailed voice message.**
7. **DO NOT HANG UP**
8. Press 1 when your are satisfied with your message.
9. **Follow the prompts to mark the message as urgent.**

Since mobile coverage is not perfect, if you cannot reach me in a dire emergency, call your own medical doctor, dial 911, or go to the nearest emergency room.

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Clinical Psychologist

305 Miron Drive
Suite 104

Southlake, Texas 76092

Voice: 817-909-3766

Fax: 817-479-9496

Email: markmatthewsphd@gmail.com

INFORMED CONSENT AND THERAPY AGREEMENT

I, the patient, understand I have the right not to sign this form. My signature below indicates I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start formal therapy. I also 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 brochure, 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 have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Patient's Printed Name

Patient's Signature

Date

I, the psychologist, have met with this patient for a suitable period, and have informed him or her of the issues and points raised in this brochure. 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. I agree to enter into therapy with the patient, as shown by my signature here.

Psychologist's Signature

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful therapeutic relationship with you.

The greatest compliment I can receive is a referral from a patient. If you are satisfied with my services, I would greatly appreciate you referring other people who might benefit from my services.

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Clinical Psychologist

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Suite 104

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Voice: 817-909-3766

Fax: 817-479-9496

Email: markmatthewsphd@gmail.com

RELEASE AND PERMISSION TO RECORD SESSIONS AND USE CASE MATERIAL

As a therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I collect information about patients before, during, and sometimes after therapy. Therefore, I am asking you to help by allowing me to record our sessions. Many psychologists (including myself) frequently use audio recordings to aid the therapy process, train future psychologists, and research. I need your written permission to make and use audio recordings for these purposes. I would also be grateful for your consent to use your case material in my other professional activities. Your case material may help develop the field of clinical psychology. It is possible I could use your material in teaching, supervision, consultation with other therapists, publishing, or scientific research. I might use any of the following:

- Clinical or case notes I have taken during or after our sessions
- Electronic audio recordings of any interview, examination, or treatment with me

When I use materials from my therapy work, I do not want anyone who hears, reads, or sees the materials to be able to identify the patients involved. Therefore, I conceal patient identity by one (or more) of the following methods:

1. Removing (or, if this is not possible, greatly changing) all names, dates, places, descriptions, or any other information by which you or anyone else involved could be identified. In particular, I will not use, or allow anyone else to use, your real name in any presentation of any of these materials.
2. Using other methods for maintaining confidentiality appropriate to the medium, such as electronically altering your voice or deleting/bleeping identifying information.
3. Using other methods (including those not yet available), which would be consistent with my professional code of ethics and professional guidelines for the maintenance of confidentiality.

I shall only present these materials to professional clinicians and graduate students enrolled in an appropriate course. Moreover, federal and state laws, professional rules, and ethics about patient privacy also bind all of these persons. Finally, I shall keep all these materials in a safe location and destroy them as soon as I no longer need them.

Therefore, I am asking you to read and sign the following:

I, _____ consent to the recording of my sessions for the purposes described above. The purpose and value of recording were explained to me, and I freely and willingly consent to this recording.

I give this consent regarding the professional services provided by **Mark W. Matthews, PhD** (Dr. Matthews). I agree I am to receive no financial benefit from the use of the materials. I understand if I do not agree to the uses of these materials or the recording of meetings as indicated, I shall not be penalized in any way, and it will not affect the care I am to receive in any way. I understand I may ask for the recording to be turned off or erased at any time during my sessions. I also understand I may choose to request a review of the any recording before recording the next session. I further understand I may then ask Dr. Matthews to destroy the recording. If I desire Dr. Matthews to destroy the recording, I shall provide a written request no later than seven (7) calendar days after reviewing the recording.

I give Dr. Matthews permission to use the materials for research, teaching, and advancing other professional purposes. I understand he will use the materials as an aid in the process of improving clinical psychology, training future psychologists, or both. I agree the materials may be sold or otherwise made available to health care professionals for training, research, or both. These professionals and their students are bound by state laws and by professional rules about clients' privacy.

I hereby give up my rights to all interests I may have in the materials. I agree to let the therapist be the sole owner of all the rights in these materials for all purposes described above.

Patient's Signature _____ Date _____

I, Mark W. Matthews, PhD, discussed the above issues with _____. My observations of their behavior and responses give me no reason to believe they are not fully competent to give informed and willing consent.

Psychologist's Signature _____ Date _____