



Katherine Ellis-Hernandez, PhD (PSY24263)
Clinical and Reproductive Health Psychologist

Informed Consent for Supportive and Consultative Sessions

Please read this document carefully so that you can make an informed decision about participating in the session. Feel free to ask any questions before signing this document and understand your participation in the session is completely voluntary.

Qualifications: I am a Clinical Psychologist (PSY 24263) licensed in the State of California. I received my Bachelor's degree in Psychology from the University of North Carolina at Wilmington and my Master's and Doctoral (2009) degrees in School Psychology from Fordham University in New York. I have facilitated family, group and individual counseling as well as, educational groups focusing on topics such as: relationships, HIV/AIDS education, reproduction and sexual education, and parent education regarding teaching children about sexuality.

Supportive and Consultative Services: Supportive group sessions are topic focused and designed for those looking to gain knowledge, support and insight from others going through similar experiences. My role is that as a facilitator, however, I view the sessions as collaboration and invite all members to participate and share their honest opinions during discussions in the direction which is most helpful for you. Consultative sessions are designed as an educational/consultative forum. You will be given the opportunity to ask questions and bring up topics or questions in an informal manner. **Please note, these services are supportive and educational discussion NOT therapy.** If you or your partner feel you need professional therapeutic services (i.e., psychotherapy), please speak with me in order for me to provide you with assistance in obtaining therapeutic services. For non-English speaking clients, translators will be utilized. Although I will make every effort to summarize the session precisely, because a translator is being used, please understand the full comprehension of all thoughts and ideas may not be able to be translated directly.

Payment: Group sessions are \$50 per individual and \$75 per couple or sibling unit and generally last one (1) hour. The fee for Psychoeducational Consultation is \$150 USD for a 45 minute session. For those clients who require a written summative report (required by some health-related programs) the total fee for the session and written summary will be \$300 USD. If you require a translator, those fees may be additional and cost will be dependent on the translation service utilized.

Contacting Me: Although I am not often available immediately by telephone or email, I do monitor my voicemail and email frequently and will make every effort to get back to you within 24 hours, with the exception of weekends and holidays. . My telephone number does not receive texts and both voice and e-mail is reserved only for scheduling purposes. Please to not include confidential content in your messages. Please understand that I do not provide 24-hour crisis intervention services. For clinical emergencies, you should call 911, contact the San Diego County Crisis Hotline (800)479-3339, or go to the nearest emergency room.

Limits of confidentiality: By signing this agreement, you understand a summary of the session may be shared with members of medical or academic teams who require a psychological evaluation before agreeing to treat patients or accept candidates into a particular program. If a translator is being utilized to facilitate communication with you, it is understood they will maintain your privacy and keep all information discussed confidential. As a member of a group, you agree to maintain the confidentiality of the other members as well by respecting their privacy and not disclosing sensitive information to individuals outside of the group.

There are also several exceptions when evaluators are legally mandated under California law to break confidentiality. If there is reasonable suspicion a child, dependent adult, or elderly individual is being abused or neglected a report must be filed with the respective Protective Services agency. If it is believed you are making a serious threat of physical harm to another person or yourself, protective measures must be taken (e.g., notifying the potential victim, contacting the police or family members, and/or seeking hospitalization). During legal proceedings, written evaluations and assessment notes may be subpoenaed or court-ordered. If you sign a consent to release information to a third party of your choosing, (e.g., Authorization to Disclose Protected Health Information), disclosure of your records may also be made.

Multiple Relationships: In the event that we have contact outside of the professional setting (ex: a public place or leisure event), I operate under the “you first” rule, meaning I will not acknowledge you first and will leave it up to you to disclose the extent of our relationship to others. You also understand that I provide supportive services for clients including conducting psychological evaluations, facilitating monthly support groups, and providing individual, group, and family therapy. My clients may consist of families, participants of third party reproduction, agencies, school staff, and/or medical clinics. If I am working with you in more than one capacity, I will remain objective and maintain your confidentiality, however, we will need to discuss my role and potential effects this may have on our professional relationship.

This document is to inform you of supportive and consultative services that are provided by Dr. Ellis-Hernandez. If you have any questions or concerns that were not addressed in this document, please take the time to ask and do not sign this document until you fully understand.

By signing this document you are indicating that you have read and understand the information. You have been given the opportunity to ask questions and agree to the terms described. You understand these sessions are supportive and educational and do NOT constitute as therapeutic psychological services or treatment.

Client’s Name (Print)

Client’s Signature/Date

Client’s Name, if applicable (Print)

Client’s Signature/Date

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Signature/Date