

INFORMED CONSENT FOR SERVICES

It is very important for you to be fully and honestly informed about the nature of your problems and the kind of assistance I can offer. This form provides that information so that you can freely and knowingly choose to work with me. Please take the time to read all of it. IT IS IMPORTANT.

PHYSICAL HEALTH:

Your overall physical health is important. Therefore, I recommend that before working with me, you get a complete physical to make sure you have no health problems, such as hypothyroidism, vitamin deficiencies, and Lyme disease, that have mental and behavioral symptoms frequently misdiagnosed as mental disorder. I also recommend you get plenty of sleep, eat well, and exercise. Problems in these three areas are also frequently misdiagnosed as mental disorder as they can negatively affect your sense of wellbeing.

YOUR REASON FOR WANTING HELP:

You want help with something distressing in your life. Let me assure you that absent any physical health problems as above, the distress is not a sign of illness or any other type of defect in your brain or mind, despite what the orthodox mental health system claims. There is no scientific evidence that these distressing problems are caused by chemical imbalances in the brain, genetic anomalies, or any other disease processes. The terms *mental illness*, *mental disorder*, and *mental health* are figurative terms, not literal. This is like how *spring fever* describes a real problem, but it isn't a real fever.

HOW I CAN HELP:

We will have an extended series of conversations about what is distressing in your life and how your thoughts, actions, and language contribute to the distress. We will identify areas where you might be willing to make difficult changes to reduce the distress in the long term. Keep in mind that working with me to address your problems can be emotionally painful at times, even if the end goal is to enhance your contentment in life. While I might encourage you into emotionally charged topics, you always retain control of the process and can slow down, switch topics, or stop whenever you choose.

YOUR PARTICIPATION IS VOLUNTARY:

I will not participate in any type of coercion with you. In other words, if you are ordered by a court, required by an employer, demanded by a spouse, or compelled by any other person to seek out my services, I must ensure that you are voluntarily choosing to do so for your own reasons, not theirs. This means you must have a genuine, ongoing, and keen interest in exploring your experiences of and responses to life. Our work together is based on what you deem valuable, not what they deem valuable.

MENTAL DISABILITY:

I do not conduct assessments of mental disability for social, financial, legal, or academic purposes. This is because those assessments and psychotherapy have conflicting goals, which could create a conflict of interest.

YOUR PRIVACY:

I use a secure and encrypted cloud-based system for scheduling, notes, billing, and virtual sessions. All information about you will be appropriately safeguarded and not released to anyone without your written permission. Two most common exceptions to this are: 1) If I have reason to believe a child or vulnerable adult has been, is being, or is about to be abused or neglected, I must report it to the appropriate authorities; and 2) If I have reason to believe you are at imminent risk of suicide or violence

toward other people, I am permitted to disclose your information to those who can help in preventing that harm.

SESSION NOTES:

I am required to maintain notes about our sessions. They are primarily for my benefit to help me stay focused on the important themes in our work together. They are not an exhaustive record of everything that we talk about or everything that you tell me. Each session will contain information about the date/time of the appointment, your diagnosis (if any), my observation of your mental status and any risk of harm to yourself or others, and the general nature of what we discuss.

MENTAL DISORDER DIAGNOSES:

If you choose to use your health insurance benefits to pay for my services, I must diagnose you with a mental disorder contained in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. This is a requirement of your insurance company. Alarmingly, senior mental health authorities admit the *DSM* is scientifically invalid and unreliable, yet they refuse to address the problem or to provide ethical guidance about an alternative method for the purpose of filing insurance claims. Diagnostic categories are so loosely defined and horoscope-like that you might fit several of the categories simultaneously. My main obligation is to do no harm to you and, so, if you use health insurance, I will choose the least severe diagnosis that describes your problems. Still, be aware that any *DSM* diagnosis in your records can potentially harm you. It can jeopardize your eligibility for employment, security clearances, military service, health/life insurance coverage, probation and parole actions, and adoption/parenting rights. It can also harm your sense of self-esteem, since it falsely claims there is something inherently wrong with your brain or mind.

COST TO YOU:

My fee is \$150 an hour. Please pay at the time the services are rendered. If you use your insurance, the cost to you will depend on the specifics of your plan regarding copays, coinsurance, and deductibles. I will maintain your credit card on file to process your portion of the payment each time we meet. I use a system that complies with federal laws protecting credit card information. I will submit a claim to your insurance company for the remainder of my fee. If you have an insurance plan other than BCBS/CareFirst that provides out of network benefits, you will pay my fee up front, and I will provide you with the documents needed for you to file with your insurance company to be reimbursed.

MISSED/CANCELED APPOINTMENTS:

If you fail to show for an appointment or fail to give me at least 24 hours' notice of a cancellation, you will be assessed a \$100 fee (insurance will not pay this). I will not assess this fee if you have an emergency or medical problem that prevents you from keeping our appointment.

ABOUT ME:

I was trained in clinical psychology and awarded a Ph.D. from the Florida State University in 1995 after having completed the doctoral course work, dissertation requirements, and a follow-on residency program at Malcolm Grow Medical Center at Andrews Air Force Base, Maryland. This program is fully accredited by the American Psychological Association. I have been licensed to practice psychology in Maryland since 1997. My license number is MD3372. In addition, I have been granted approval from the Psychology Interjurisdictional Compact (PSYPACT) to practice telepsychology with residents of several other states. See <https://psypact.site-ym.com/page/psypactmap> for the current list of states. I am also a 20-year veteran of the U.S. military.

CONTACTING ME:

You are welcome to contact me via my website, email, text, or phone call. However, be aware that I might not be able to reply quickly. I will try to return all contacts within one business day. If you have a life-threatening emergency, do not contact me first. Instead, contact your nearest emergency room or call 911. If you do, please let me know after you've contacted emergency services.

VIRTUAL SERVICES:

Since I am providing services to you via an online teletherapy platform, there are some special considerations to keep in mind:

- I will confirm your identity with a photo ID.
- Make sure you have a good Internet connection and a device with video and audio capabilities.
- Make sure that other people cannot overhear you and that you will not be interrupted during our sessions.
- Try to keep your device still during our sessions. Moving it interferes with the audio and video.
- Do not drive a vehicle or engage in other distracting activities during our sessions.
- Do not record the video or audio of our sessions.
- Even though I am using a secure and encrypted system, remember that you will be sharing personal information over the Internet.
- We could have problems with the Internet connection. Our back up to the primary platform is an alternative platform at <https://doxy.me/docruby>.
- Let me know your physical address during sessions. Notify me if you are not in your usual location.
- It would be difficult for me to provide immediate support services to you in emergencies.
- If teletherapy is not a good fit for you, I will recommend other practitioners who might be able to help you and who are providing services in person.