



Consent for Services

Doyanne Aspen Darnell, PLLC
Patient: John Doe, DOB 2/6/1980

Date: November 3, 2025

Doyanne Aspen Darnell, PLLC - Consent for Individual Psychotherapy Services

Welcome! This document outlines the important details regarding the psychological services I offer in my private practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered.

About Me

- My name is **Doyanne A. Darnell** and I am a licensed psychologist in the state of Washington.
- My license number is PY60342342 (licensed since 2013).
- I have a PhD from Georgia State University (2012) in clinical and community psychology
- My clinical psychology graduate training and predoctoral clinical internship were accredited by the American Psychological Association
- You can find more information about my qualifications and experience on my website at tacomapsychologist.com

Services Offered

- I provide individual therapy for adults (ages 18+) experiencing a variety of challenges, including conditions such as posttraumatic stress, depression, anxiety, moderate substance use problems
- My therapeutic approach is predominantly cognitive-behavioral
- I do not prescribe medications and I do not offer services for minors or court-ordered assessments or therapy
- I offer therapy both in-person and by telehealth.
- Appointments are scheduled through the therapy practice management platform I use.

Telehealth Services

- To use telehealth, you need an internet connection and a device with a camera for video
- There are some risks to using telehealth:
 - Privacy and Confidentiality: You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. I carefully vet any telehealth platform to ensure your information is secured to the appropriate standards.
 - Technology: At times, you could have problems with your internet, video, or sound. If you have issues during a session, you may contact me by phone or secure message via the telehealth platform.
 - Crisis Management: It may be necessary to contact 911 or 988 to get you the crisis services you need.
- There are some benefits to using telehealth
 - Flexibility: You can attend therapy wherever is convenient for you.
 - Ease of Access: You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness
- Recommendations
 - Make sure that other people cannot hear your conversation or see your screen during sessions.
 - Do not use video or audio to record your session unless you ask me for permission in advance.
 - Make sure to let me know if you are not in your usual location before starting any telehealth session.



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Psychotherapy Evaluation

- The first few sessions will involve my evaluation of your needs. This evaluation typically lasts 1-3 sessions.
- By the end, we will discuss if I am the right therapist for you and I will offer a treatment plan.
- I will refer you to another therapist if I believe someone else is better suited.

Psychotherapy

- Psychotherapy is a collaborative effort that requires active participation from you.
- The approach used will vary depending on your needs and it may involve discussing uncomfortable topics.
- There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it.

Benefits and Risks of Therapy

- Therapy can be a helpful and effective way to address emotional and behavioral difficulties. Potential benefits of therapy include improved mood, reduced stress, better coping skills, and enhanced relationships.
- Therapy requires a significant investment of time, money, and energy and also involves some emotional discomfort as you explore challenging issues.
- Throughout any therapy sessions, I encourage you to ask questions. Also, feel free to seek a second opinion at any time.

Confidentiality

- All information discussed in therapy sessions will be kept confidential, unless you give me written permission to share such information, with some exceptions as outlined below.
 - Washington State requires that I report suspected abuse or neglect regarding children, elders, or disabled adults.
 - If I believe you may be at imminent risk of harming yourself, I may contact emergency or crisis services, which could include calling 988 or 911 to obtain assistance for you. However, before contacting emergency or crisis services, I will work with you to discuss other options to keep you safe.
 - If I believe you may harm others, Washington State law requires that I take steps to ensure your safety or the safety of others.
 - I may consult with other professionals about your case to help provide you with appropriate care. If I do such consultations, I will make every effort to avoid revealing information that could identify you to maintain your privacy.
 - I may also be required to disclose information if compelled by a court order.
- If you are concerned about confidentiality in any situation, please bring it to my attention.
- If I use case reports or other confidential information as the basis of teaching, research, or other published reports, I will exercise reasonable care to insure that the reported material is appropriately disguised to prevent your identification.

Record Keeping

- I am required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care.
- Your records are maintained in an electronic health record provided by an online therapy practice management software platform, which has several safety features to protect your personal information, including advanced encryption techniques to



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make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. The platform keeps records of all log-ins and actions within the system.

- You may request a copy of your treatment records.
- You may request that a copy of your treatment records be sent to another health care provider (will require completing and signing a "Release of Information" form)
- I use the online therapy practice management software platform to share documents with you, including any documents requested by you.

Communication

For emergencies or crisis services, please contact 911 or 988.

You have several options for communicating with me outside of sessions. It may take me 24 hours to return messages on business days and I do not return messages while I am on vacation.

- Texting/Email: Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via email. You should carefully consider who may have access to your emails before choosing to communicate via either method.
- Secure Communication: Secure communications are the best way to communicate personal information, though no method is entirely without risk. You may opt to communicate through the therapy practice management platform I use.
- Social Media/Review Websites:
 - If you try to communicate with me via these methods, I will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
 - I may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow me on any platform, I will not follow you back.
 - If you see me on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include me. If you choose to leave a review of me on any website, I will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.
- If we see each other accidentally outside of the therapy office, I will not acknowledge you first to maintain your right to privacy and confidentiality. If you acknowledge me first, I will be more than happy to speak briefly with you. I will not engage in any lengthy discussions in public or outside of the therapy office about your mental health or treatment. Please let me know if you would like to discuss this further.

Fees

- My standard fee for an individual therapy session is \$250 per therapeutic hour (50 minutes). Sessions are typically 50 minutes long.
- There is a \$125 fee for cancellations with less than 24 hours' notice. Repeated cancellations or no-shows may result in ending of the therapy (returning to the waitlist may be an option) or losing your spot in the schedule.
- Additional services, including the list below, will be billed at \$250/hour. Tasks under one hour will be pro-rated (meaning the cost will be calculated proportionally to the time spent on the task and not the full hourly rate).
 - Telephone conversations outside of therapy sessions, at your request



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- Attendance at meetings with other professionals per your request
- Preparation of records or treatment summaries
- Time spent performing any other service you may request of me and to which I agree
- Legal Matters:
 - You are responsible for my professional time if legal matters require my participation, even if I am subpoenaed.
 - My fee for legal preparation and attendance at proceedings is \$250 per hour.

Payment

- I accept payment by cash, check, or credit card. Checks are made payable to "Doyanne Aspen Darnell, PLLC". Returned checks will incur an additional fee to cover bank fees I incur. Credit card payment is accepted through the secure online therapy practice portal.
- Payment is due at the time of service unless otherwise agreed upon.
- If your account is unpaid after 30 days, I may use legal means, such as the help of a collection agency, to collect payment.

Insurance Reimbursement

- I do not currently accept insurance of any kind, including Medicaid and Medicare; however, I can provide you with a detailed receipt that you may submit to your insurance company to seek reimbursement.
- Understanding your insurance coverage is important for setting realistic treatment goals. I recommend contacting your insurance company directly and in advance of our first session to understand your specific mental health coverage benefits and any limitations or pre-authorization requirements.
- Your insurer may require authorization before providing reimbursement and may limit the number of sessions that are covered by insurance. Should you request more sessions beyond your insurance coverage, you would be responsible for the total amount of those sessions.
- Most insurance requires a diagnosis to provide coverage and may request additional clinical information (treatment plans, progress notes, etc.). When you sign this form, you are giving me permission to share your information with your insurance company to help you seek payment for your covered services.
- You have the right to pay for services yourself to avoid these limitations and potential privacy concerns associated with using your insurance.

Your Rights

- You have the right to participate actively in your treatment and make informed decisions about your care.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate therapy at any time.
- You have the right to seek a second opinion.
- You have the right to access your treatment records, with some exceptions. Please let me know if you would like to discuss.
- The State of Washington has compiled a booklet titled, An Introductory Guide to Services a Psychologist May Provide and Your Rights as a Client. This booklet provides additional useful information about your rights as a client, and I encourage you to review it. You may download the booklet at this website: <http://www.doh.wa.gov/portals/1/Documents/Pubs/668001.pdf>

My Responsibilities

- I am committed to providing you with competent and ethical psychological care.



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- I will respect your privacy and confidentiality.
 - I will discuss the limitations of my expertise and assist you in exploring alternative referrals you if necessary.

Signature

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

John Doe

John Doe
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