

**Dr. Mary DeWitt**  
Registered Psychological Assistant  
#PSB94023500  
Supervised by Dr. Lori Rappaport  
12625 High Bluff Drive #202  
San Diego, CA 92130

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## **Professional Disclosure Statement and Informed Consent for Receipt of Psychological Services**

This form is to document that I, \_\_\_\_\_, give voluntary permission and consent for myself and/or my child, \_\_\_\_\_, to receiving psychological services from Mary DeWitt, Ed.D.

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### **Purpose and Background**

The purposes, goals and treatment procedures of the psychological services to be provided have been explained to me. Where appropriate, I have also received information about the techniques and methods of treatment used by Dr. Mary DeWitt as well as any diagnosis. I understand that Dr. Mary DeWitt is a registered psychological assistant in the state of California supervised by Dr. Lori Rappaport to provide therapeutic services. Further, I have been given the opportunity to ask any additional questions regarding her credentials and expertise.

While I expect benefits, I am aware that the practice of psychotherapy are not an exact science and effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by my therapist. Potential benefits, risks and limitations of psychological services have been explained to me as well as alternative procedures or interventions if they exist.

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### **Confidentiality**

I understand that my conversations with my therapist will almost always be confidential. However, there are some important exceptions to this. I understand that by law, my therapist must report actual or suspected child, elder, disabled person or spouse abuse to the appropriate authorities. In addition, the therapist has a legal responsibility to report to the proper authorities or other persons when a client is a threat to his/her own or someone else's safety. Other reasons that information may not be kept confidential include (but are not limited to) when the client consents in writing, or if a court of law issues a subpoena and information is required to be released by law. Cases are also reviewed during Peer Review and in Clinical Supervision. In the case of some mandated referrals, a referral source may be informed whether the client has kept the appointment and if they are compliant with treatment recommendations. I, the client, will always be made aware if this is the case.

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### **HIPAA**

I understand that this consent form acknowledges my right to privacy and the limitations on my privacy. I also acknowledge that I am aware that the Federal Government has a very broad policy concerning the protection of my health information. I acknowledge that I have been given a copy of the "Notice of Privacy Practices". I acknowledge that I was offered this policy statement on the date indicated by my signature below.

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### **Therapy Fee and Length of Session**

I understand that psychotherapy services are rendered on a fee-for-service private pay basis and that payment is expected at the time service is rendered. Private pay rates are as follows: first session 200./60 minute psychotherapy session, and then 150./ 45 minute psychotherapy session.

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### **Attendance**

I understand that regular attendance, a willingness to be open and honest and follow through on treatment suggestions will produce maximum benefits, but that the final decision on what to do is always up to me. In addition, I understand that I am free to discontinue treatment at any time. A termination session may be requested in order to provide for any continuing areas of concern.

I understand that if I need to cancel an appointment, I will need to contact the therapist 24 hours in advance. Any appointment not properly cancelled will be considered a "Missed Appointment" and will be billed at the rate of 150./missed session.

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**Contact Information**

The office address for Dr. Mary DeWitt is: 12625 High Bluff Drive #202, San Diego, CA 92130. I understand that for routine appointments and information I may call 859-816-4998. If no one is available to take my call, I can leave a confidential voicemail and my call will be returned as soon as possible by my therapist. If I am unable to reach my therapist, have an after-hours crisis or need emergency assistance including immediate psychiatric admission to a hospital for stabilization, I understand that I am to call 9-1-1, call my primary care physician or go to the nearest emergency room.

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**Education & Credentials**

Mary DeWitt, Ed.D. holds both a Masters Degree in Developmental Psychology and a Doctorate in Psychology and Education from Teachers College, Columbia University. In addition, she completed an Advanced Certificate in Clinical Mental Health Counseling. Currently, she is completing an internship toward her Doctor of Psychology at the ADHD Center for Success as a psychological assistant supervised under Dr. Lori Rappaport.

Psychological Assistants are typically advanced in their clinical training, but not yet fully licensed and able to practice independently. This clinician works under the supervision of Dr. Rappaport, and functions as an employee of Lori Rappaport, Ph. D., Licensed Psychologist. Accordingly, the psychological assistant can provide services that may be covered by insurances, including some private insurances. The Registered Psychological Assistant, can offer reduced fee services based on financial need.

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**Services Offered**

Services offered include child, adolescent, adult individual, group, as well as family therapy to address a variety of issues including, but not limited to: executive functioning skills deficits, attention deficit hyperactivity disorders, anxiety disorders; depression and mood disorders; obsessive compulsive Disorders, tic disorders, bereavement, grief and loss; transitions and adjustment issues; women's issues; stress management among others.

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**Therapeutic Process & Approach**

Psychotherapy is a process in which the client gains insight and tools that will facilitate growth and development during therapy and after therapy has ended. Specific outcomes cannot be guaranteed, but client progress will be discussed throughout therapy and changes will be made in our goals and treatment plan as needed. I am aware that while psychotherapy interventions offer potential benefits, they also present possible risks, such as uncovering painful or uncomfortable feelings of sadness, guilt, anxiety, anger or frustration as aspects of my life are discussed. In addition, as I grow as a result of insight gained, I may experience feelings of discomfort until I adapt and adjust to these changes.

Dr. Mary DeWitt adheres to the highest ethical and professional standards and is committed to providing evidence-based therapy to a broad range of clients. Dr. DeWitt's therapeutic approach is to provide support and practical feedback to help clients effectively address personal life challenges. She integrates complimentary methodologies and techniques to offer a highly personalized approach tailored to each client. These treatment orientations include, but are not limited to, Executive Functioning Skills, Acceptance Commitment Therapy, Cognitive-Behavioral Therapy, and Solution-Focused Therapy.

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**Complaints Procedure**

If I am dissatisfied with any aspect of the services I receive, I understand that I can and am encouraged to raise my concerns with my therapist immediately. Dissatisfaction will make working together slower and more difficult if not resolved. If I feel that I have been treated unfairly or unethically and cannot resolve this problem directly, a complaint procedure is available through the therapist's state licensing agency in California.

**I certify, with my signature below, that I have read, had explained to me where necessary, fully understood and voluntarily agree with the contents of this Informed Consent for Receipt of Psychological Services.**

**I release and hold harmless Mary DeWitt, Ed.D. from any action or liability arising out of my participation in treatment.**

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Signature of Client

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Date

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Signature of Witness

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Date