

**Dr. Nadia Delshad, PsyD, LPC, LCMHC**

Phone: (603) 552-5664

[www.eftplcc.com](http://www.eftplcc.com)

**Professional Disclosure and Consent to Treatment**

**Philosophy and Approach:** I believe that it is never too late to begin a rewarding life journey of wellness and emotional health. I value the family and I am committed to discovering better ways to communicate, to be understood by and better understand the people we love. We are all motivated by love and a need to belong. I use an integrated approach to encourage all individuals of all ages, races, cultures, sexual orientations, and identities to make lasting, positive changes.

**Formal Education and Training:** I hold a Master of Science degree in Psychoanalytic Developmental Psychology from the University College London (UCL) and the Anna Freud Centre, 1996. I continued my studies in Australia, 1998 and finalized my doctoral degree in clinical psychology in the United States in 2007. Through my doctoral specialist training I provided psychological assessment and evidence-based therapies treating depression, anxiety, trauma and complex mental health conditions for all ages. I have training and experience in Cognitive Analytic and Cognitive Behavioral Therapy, Psychoanalytic Therapy, Clinical Hypnosis, Solution Focused Brief Therapy, Motivational Interviewing, Dialectical Behavioral Therapy and Emotionally Focused Therapy for couples and families. I have 25 years of clinical experience in the assessment and treatment of a broad range of psychological and behavioral issues.

As a Professional licensed with the New Hampshire Board of Mental Health Practice and Oregon Board of Licensed Professional Counselors and Therapists, I abide by both Board's Code of Ethics. To maintain my licenses, I am required to participate in continuing education relevant to the work I do with clients.

I also voluntarily participate in consultation with other mental health professionals.

These consultations are bound by the rules of confidentiality and client names/identities are undisclosed. I maintain a license as a psychologist with the Psychology Board of Australia and membership with the American Psychological Association (APA) and am certified with the American Society of Clinical Hypnosis and the National Guild of Hypnotists.

**Privacy and Confidentiality:** It is important that you know the high value I place on protecting your privacy and confidentiality. The information shared and discussed in session will remain confidential except for when I am required by law as a mandatory reporter to disclose suspected child or elder abuse or neglect.

Other exceptions include:

- 1) Reporting imminent harm to client or others;
- 2) Reporting information required in court proceedings or by a client's insurance company, or other relevant agencies;
- 3) Providing information concerning case consultation or supervision; and

4) Defending claims against myself.

In all other circumstances, I will seek specific permission from you to exchange information with another party, such as a doctor, teacher or family member. A release of information will be provided for you to review and sign.

**Treatment with Minors:**

Youth under the age of 18 will need the consent of a parent or guardian before beginning treatment. Both the youth and the parent or guardian will be asked to review and sign the Consent to Treat form. Note that both custodial and noncustodial parents have the right to access a youth's treatment record unless otherwise specified by a court of law.

**Fees and Insurance Information:**

Initial Assessment	\$170.00 - \$220.00
Individual Session (50 minutes)	\$150.00
Couple Session (90 minutes)	\$180.00
Group Sessions	\$100.00 - \$450.00

Payment is due at the beginning of sessions and may be received by cash, check or credit card. Please note reduced fees are available on a limited basis, which I am happy to discuss with you.

**Appointments and Cancellations:** An appointment reserves a specific time for you. If you need to cancel or reschedule, please notify me at least 24 hours in advance or you may be responsible for the full fee of the missed appointment.

**Telephone and Crisis Contacts:** You may reach me by phone and leave a confidential voicemail at (603) 552 5664. I will return your call as soon as possible, generally within 24 hours. If it is an emergency, call 911 for immediate assistance.

As a client of a licensee, you have the following rights:

- To expect that I have met the qualifications of training and experience required by state law
- To examine public records maintained by the Board and to have the Board confirm my credentials
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving them.
- To be assured of privacy and confidentiality as defined by rule and law.
- To be free from discrimination on the basis of race, religion, gender or any other unlawful category while receiving services.

If you have any questions or concerns either about this disclosure or about services that I have provided, please don't hesitate to discuss this directly with me.

You may also contact the

**Office of Professional Licensure and Certification**

121 South Fruit Street, Concord, NH 03301

(603) 271-2702

[www.oplc.nh.gov/mental-health/](http://www.oplc.nh.gov/mental-health/)

**Oregon Board of Professional Counselors and Therapists**

3218 Pringle Rd SE #250, Salem, OR 97302

(503) 378-5499

[lpc.lmft@state.or.us](mailto:lpc.lmft@state.or.us)

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment.

Signature:

Date: