



## **CONSENT FORM & SERVICE CONTRACT**

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and talk to your therapist if you have any questions. Your signature on this document represents an agreement between us and shows that you have read, understood, and agree to its provisions.

### **PSYCHOLOGICAL SERVICES**

#### *Outpatient Psychotherapy*

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things that we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings at times. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience. The first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable with the working relationship. Therapy involves a commitment of time, energy, and resources, so you should be careful about the therapist you select. If you have questions about procedures, this should be discussed whenever they arise. Also, if any concerns persist and you decide to discontinue treatment, we would be happy to facilitate a referral to another mental health provider for a second opinion.

#### *Psychological Assessment*

Assessment services involve a comprehensive evaluation of patient's cognitive, emotional, and social functioning at a particular point in time. The evaluation is conducted by gathering samples of behavior, as well as background and collateral information. Methods include the use of clinical interviewing and observations, along with the use of various, standardized, norm-referenced measurement tools. Such tools might assess intellectual ability, cognitive strengths and challenges, academic achievement, personality characteristics, and social-emotional adjustment. A typical assessment involves about six to eight hours with the patient, and additional time is spent scoring tests, interpreting the meaning and significance of results, formulating an interpretation and diagnostic impressions, developing recommendations, and preparing a detailed written report. Feedback is provided both in a face-to-face meeting and through the written report. The purposes of psychological testing may include aiding in clinical diagnosis and

treatment, assessing a particular area of functioning or disability, informing academic planning and/or interventions, or providing supportive evidence in a legal proceeding to name a few. As in psychotherapy,

there are risks and benefits involved with psychological assessments. Typically, participation in the evaluation process presents a relatively low risk; however, some patients may feel uncomfortable or nervous about being tested. Efforts are made to assist the patient to feel at ease, be informed, and perform honestly and at his/her best. It is also important to note that test results and written reports are used with appropriate sensitivity and discretion to ensure that patients are not adversely affected by any inappropriate use of such information. The benefits of completing a psychological assessment can include a detailed description of strengths and challenges in the areas covered by the assessment and specific recommendations for addressing areas of difficulty.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is privileged information protected by law, and such information about our work can only be released to others with your written permission. However, there are several important exceptions which are summarized below. (Please refer to the Notice of Privacy Practices & Legal Duties form provided to you for additional information.)

In the event of any of the following, we will make every effort to fully discuss any necessary release of confidential information with you before taking any action.

1. Threat to self or others – If we believe that a patient is threatening or causing serious bodily harm to another (e.g., homicidal ideation, child abuse, elder abuse), we are required by law to take protective actions. These actions may include notifying the potential victim, contacting the police or other appropriate authorities, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself (e.g., suicidal ideation), we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If either situation occurs, the privileged information between a patient and a psychologist is waived to the extent necessary to aid in protection efforts and/or continuity of care.

2. Legal Proceedings – If information regarding your treatment is requested by a judge via a court order, your privilege is waived.

3. Minors – If you are under eighteen years of age, please be aware that there are additional limits of confidentiality to those mentioned above. Efforts will be made to maintain confidentiality between the minor patient and therapist in an effort to develop a therapeutic working relationship, however, the law entitles parents or guardians of minors to recorded information about treatment. At the same time, the ethics of our profession require us to communicate information only in ways that help to enhance family relationships and not to jeopardize the confidentiality between the minor patient and therapist. Before discussing or giving any information regarding our work together, I will discuss the matter with you.

4. Case Consultation – At times, it may be helpful for the therapist to consult with other professionals about your treatment. During a consultation, every effort will be made to avoid revealing

All information on this form is confidential.

your identity. The consultant is also legally bound to keep the information confidential. Information about these consultations will usually not be directly shared with the patient unless relevant to treatment, yet will be documented in the patient record.

5. Insurance – Patients whose costs are covered by insurance should be aware that coverage always requires a diagnosis and often information about treatment planning and progress. We will be glad to discuss this information with you. Questions you have regarding your insurance company's policies regarding confidentiality of their records should be taken up with the insurance company directly.

6. Requested Release of Information/Records – We are often asked to speak with, send records to, or request records from other treating health care professionals. On these occasions, you will be asked to sign a "Release of Information" form, without which we will not communicate with or send records to another treating healthcare professional. In the event of such correspondences, efforts will be made to share only the necessary information for collaborative care regarding your treatment. A fee may be billed for each communication or set of records we send to cover time spent, as well as duplication and postage costs.

## **PATIENT RECORDS**

The laws and standards of our profession require that treatment records be kept. You are entitled to receive a copy of your records. It is important to note, however, that these are professional records and can be misinterpreted and/or upsetting to untrained readers. It is recommended that you review them in the presence of your therapist so that the contents can be discussed. On the other hand, if it is believed that seeing your records would be emotionally damaging, access to the record can be denied. In such circumstances, alternative options might include the preparation of a treatment summary, review of record contents with your therapist, and/or sending your records to another mental health professional of your choice for a supported review. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **BILLING & PAYMENTS**

1. The initial visit is a diagnostic interview and assessment for a fee of \$250.00 lasting approximately 75 minutes.

2. All subsequent 45 minute sessions are \$150.00.

3. Psychological testing is offered at an hourly fee of 175.00 per hour; the length time needed for your evaluation will be determined based on the battery of testing measures chosen. In addition to the time spent in the office completing testing or clinical interview, as part of the evaluation, there is time that I will spend scoring and interpreting your testing and writing a summary report for you. This time is also included in the hourly rate. The amount of time expected for your evaluation will be discussed prior to you starting the process; fees are due on the day of service. **FULL PAYMENT FOR EVALUATIONS IS DUE ON THE FINAL DAY OF TESTING.**

4. Corollary services to patient care such as: reports, letters, phone calls, school visits, travel time, and extended sessions are billed at 15-minute increments, prorated at \$200.00 per hour. There is no charge for brief (5 to 10 minute) contact between patient and therapist via phone or email for purposes such as scheduling, questions, or updates.

All information on this form is confidential.

5. If you become involved in legal proceedings that require therapist participation, you will be expected to pay for any professional time even if the therapist is called to testify by another party. Due to the additional demands of legal involvement, the charge will be \$250.00 per hour for preparation and attendance at any legal proceeding.

6. Payment is due at the time of service.

7. We require a 24-hour advance notice if you cannot keep an appointment. Otherwise, you will be charged for the missed session.

8. We accept cash and checks. Credit cards are also accepted for your convenience. Returned checks are subject to additional fees, and balances older than 90 days are subject to a 1.5% service/late charge per monthly billing cycle. Also, if your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal means may be used to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

## **OTHER MATTERS**

1. We are available by phone 24 hours a day for emergencies. If you are unable to reach your therapist and feel that you cannot wait for a return call, please contact your family physician or go to the nearest emergency room.
2. When contacting your therapist for routine calls, you will reach a confidential voicemail box that is monitored frequently. Your therapist will make every effort to return your call within a 24-hour period, with the exception of weekends and holidays. If a significant amount of time passes and your routine call is not returned, please call again and state that it is your second call. If you are difficult to reach, please leave information on the voicemail of times when you will be available. If your therapist will be unavailable for an extended time, you will be provided with the name of a professional colleague to contact, if necessary.
3. Regarding electronic communications such as email, it is important to note that security and confidentiality are not always possible to be maintained. Such communications are therefore recommended to be kept to a minimum, and when necessary or appropriate, used for purposes such as scheduling and brief updates. With regard to social networking services, there will be no communications between therapist and patient given the particular challenges to privacy and confidentiality.

### *Patient Authorization*

By signing below, I acknowledge that I understand and agree that I am responsible for the full payment on my account for professional services rendered. I acknowledge that ultimately it is my responsibility to work with my insurance company and to pay out of pocket.

All information on this form is confidential.

