Informed Consent (Outpatient Services Contract)

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have, so that we may discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Psychological Services

Psychotherapy is difficult to describe in general terms. It varies as a function of the personalities of the psychologist, patient, and the particular problems addressed. There are many different approaches I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for active involvement on your part. In order for the therapy to be most successful, you will need to work on things we discuss both during our sessions and after.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been demonstrated to have significant benefits for people who go through it. Therapy often will lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you 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 about whether you feel comfortable working with me. At the end of the evaluation, I will inform you if I believe that I am not the right therapist for you. If so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a significant commitment of time, money, and effort, so you should be very careful about the therapist you select. If you have questions about my procedures, you can set up a meeting with another mental health professional for a second opinion.

Meetings

I normally conduct an evaluation that will last for a few sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to begin psychotherapy, I will usually schedule one session (one appointment hour of (60) minutes duration per week, at a time agree on, although some sessions may be longer than or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree you were unable to attend due to circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment.

Professional Fees

My hourly rate is 120 dollars. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need. I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 20 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and time spent performing other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge 120 dollars per hour for professional services that I am asked or required to perform in relation to your legal matter.

Billing and payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate fee adjustment.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. However, you, and not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, I am willing to call the insurance company on your behalf to obtain clarification. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available.

"Managed Health Care" plans may require authorization before they provide reimbursement for mental health services. These plans are sometimes limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy, after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will try to assist you in finding another provider who will help you continue psychotherapy.

You should also be aware that some insurance companies require that I provide them with your clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases.). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of my records that I submit, if you request it. By using your insurance, you authorize me to release such information to your insurance company.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

Contacting Me

I am often not immediately available by telephone. Though I am usually in my office from 11 AM to 7PM on Monday through Friday. When I am unavailable, my telephone is answered by an answering machine that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times you will be available. In emergencies, you can reach me on my cell phone. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist (psychiatrist) on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

Confidentiality (for adult patients)

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information with permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obliged to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child is being abused or has been abused, I must report this to the appropriate agency.

If I believe that a patient is threatening serious bodily harm to another, I am required take protective actions. These actions may include notifying the potential victim, contacting the police, air seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may, on occasion, find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about
potential issues that could arise, it is important that we discuss any questions or concerns that
you may have at our next few meetings. I will be happy to discuss these issues with you and
provide clarification when possible. However, if you need specific clarification or advice the I
am unable to provide, legal advice may be needed. The laws governing confidentiality are quite
complex and I am not an attorney.

Your signature below indic	ates that you have	e read the infor	rmation in this	document and	agree
to abide by its terms during	g our professional	l relationship.			

Patient Signature	Date	