



Informed Consent for Therapy Services

THERAPIST - CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The first Session, however will be approximately 90 minutes. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a 24 hour notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of my full fee (not your co-pay). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for the individual initial intake is \$150.00 and each subsequent session is \$135.00 per 45-50 minute session. The fee for an initial Couples intake, which is 90-100 minutes is \$175.00. Subsequent Couples therapy appointments are charged at the rate of \$135.00 per 45-50 min session. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by cash, credit card or check. A fee of \$25.00 will be charged for insufficient funds/returned checks. After 30 days, any unpaid balances due will be charged a finance charge of 1.5% monthly (18% annually). If you refuse to pay your debt, I reserve the right to use an attorney or collections agency to secure payment. The patient or guardian will be responsible for any collections agency, attorney, court and all associated fees incurred by Preston Counseling Services.

If you request other professional services that may require report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations, a prorated fee is charged.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

TEXTING/EMAILS/PHONE CALLS

Because of the delicate nature of our work together and the limits of confidentiality regarding computers and Smartphones, **I will only respond to appointment changes and general housekeeping issues via text or email.** Any clinical matter you may have that cannot wait until our next appointment needs to be made by calling me on the phone. Phone conversations that last fewer than 10 minutes will not be charged. If our phone conversation exceeds 10 minutes you will be charged a fee for a 30 min. appointment.

Emails are sent through a secure server, but not encrypted. **Please indicate whether or not you allow me to call/text/email you regarding appointments, and initial:**

May we call you? Yes No Please Initial: _____
May we text you? Yes No Please Initial: _____
May we email you? Yes No Please Initial: _____

INSURANCE AUTHORIZATION

There is no direct relationship between me and your insurance company. The type of insurance plan chosen by you and/or your employer determines your benefits; **medical insurance plans/ mental health benefits vary**. It is your responsibility to understand your insurance company policies.

If you plan to use your health insurance, **you will be given the appropriate insurance paperwork that you can file with your insurance company for reimbursement.**


I suggest that you confirm benefits with your insurance company. Your insurance company may not pay for services they consider nonefficacious, not medically or therapeutically necessary, or if you are ineligible. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

You should be aware that if you choose to file your own insurance, your insurance company requires you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable). Sometimes I have to provide additional clinical information such as treatment plans or summaries. Anything your insurance company's request, I will give you a copy of if you request it. This information will become part of the insurance company files and will probably be stored on a computer. 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. In some cases, they may share the information with a national medical information databank. **By signing this agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.**

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please  3

remember that you may reopen the conversation at any time during our work together.

TWITTER, LINKEDIN AND OTHER SOCIAL MEDIA

Please be aware that you may see me on Social Media sites. Please know that I DO NOT respond and will decline requests to friend, connect or follow you on these sites. People know that I am a therapist and may make assumptions based on if I am following you. Therefore to maintain optimal confidentiality, I will not respond to your requests to connect on these sites. Please be aware that if you chose to follow me, people may make certain assumptions about our relationship.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your Local Hospital Emergency Room, or call 911 and ask to speak to the mental health worker on call. Another option is to reach out to www.befrienders.org – an online suicide resource available at any time. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

GOTTMAN COUPLES THERAPY INSTITUTE DISCLAIMER:

I have completed level 3 practicum training in the Gottman Method Couples Therapy. I am completely independent in providing you with clinical services and I am fully responsible for those services. The Gottman Institute or its agency have no responsibility for the services you receive.

CONSENT TO PSYCHOTHERAPY

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Signature of Therapist

Date