

CONSENT FOR PSYCHOLOGICAL TREATMENT

Welcome to my practice. This document contains important information about my professional services and business practices. Please read it carefully and note any questions you may have so that we can discuss them at our next meeting. Once you sign this, this document will be a binding agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the particular issues the client brings. There are a number of different approaches, which can be utilized to address the issues you hope to address. Psychotherapy is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on issues we talk about both during our meetings and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. There are, however, no guarantees about what will happen.

Our first few meetings will involve an evaluation of your needs. By the end of this evaluation, I will be able to offer you some initial assessment of what our work will include and an initial treatment plan. If you decide to continue, you should evaluate this information along with your own assessment about whether you feel comfortable with me. Therapy can involve a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, please tell me so that we can address these issues when they arise. If you have doubts, I will be more than willing to help you secure an appropriate consultation with another mental health professional.

MEETINGS

Normally my usual practice is to conduct an evaluation, which will generally require several meetings. During this time, we can both decide whether I am the best therapist to provide the services, which you require to meet your treatment objectives. If psychotherapy is initiated, I usually schedule a one-hour session each week at a time that is mutually convenient, sometimes two meetings depending on your needs. We may meet more or less frequently. Once we schedule our meeting, you will be expected to pay for

the meeting, unless you give me 24 hours notice of a cancellation; certainly, if there are circumstances beyond your control (an ill child, etc), if you need to cancel an appointment, I will try my best to find another time to reschedule our time together.

PROFESSIONAL FEES

My hourly fee is \$80 an hour. In addition to my hourly fee, it is my practice to charge that same rate for report writing, telephone conversations (which last longer than 10 minutes) attendance at meetings, or any other professional services that you request of me. If you ask me to participate in any legal proceedings, my fee is \$250 for preparation, travel, and testifying.

BILLING AND PAYMENT

I expect you to pay me for each meeting at the time held, unless we agree to another plan of reimbursement.

If your account is more than 60 days in arrears and we have not agreed to suitable arrangements for payment, I have the option of using legal means to secure payment including collection agencies or small claims court. If such legal action is necessary, the costs of bringing such proceedings will be included in the claim. In most cases, the only information, which I release, about your treatment would be your name, the nature of the services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy that you wish to use it may provide reimbursement for your mental health services. I will provide you with whatever assistance I can in facilitating your receipt of benefits to which you are entitled including the filing of forms where appropriate. However you and not your insurance company are responsible for full payment of my fee. Therefore, it is your responsibility to find out what your insurance company covers.

You should carefully read the section in your policy, which describes mental health services. If you have any questions about your insurance coverage, you should call your plan administrator and inquire.

The cost of health care has resulted in an increasing level of complexity about insurance benefits, which sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Mental Health Care Plans" such as HMO's and PPO's often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short-term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. It has been my experience that while a lot can be accomplished in short term

therapy, many of my clients feel that more services are necessary after insurance benefits expire. (Some managed care plans will not allow me to provide services to you once your benefits are no longer available. If this is the case with your policy, I will do my best to find you another provider who will help you continue your psychotherapy.)

You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, copy of your entire record. This information will become a part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases, they may share the information with a national medical information data bank. If you wish and so request, I will willingly provide you with a copy of any report, which I submit.

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

CONTACTING ME

While I am often not available by telephone immediately, I can usually return your call within a couple of hours. My office hours vary throughout the week. When I am unavailable by telephone, please leave me a message WITH YOUR PHONE NUMBER at 317-426-0578. I make every effort to return calls promptly, with the exception of weekends and holidays. During weekends and holidays, I do monitor my messages often and will call you back as soon as I can. If you cannot reach me if you have an emergency, you should call your family physician, a crisis line, or visit the emergency room. If I am away from the office on vacation, I will provide you with one of my associates who can be of assistance to you. His or her name and phone number will be available at 317- 251-8764.

PROFESSIONAL RECORDS

Both the law and the standards of professional practice require that I keep appropriate treatment records. You are entitled to receive a copy of my records, unless I think that you're seeing them would be emotionally damaging, in which case, I am willing to provide them to an appropriate mental health professional of your choice, and if you wish, I can prepare an appropriate summary. As my records are professional records, they can be misinterpreted and/or can be upsetting, so I recommend that you and I review them together so that we can discuss what they contain. You may be charged an appropriate fee for any preparation and presentation time this requires.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your records. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them only with general information about our work together unless I believe there is high risk that you will seriously harm yourself or another, in which case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information I will discuss the matter with you, if possible, and will do my best to resolve any objections you may have about what I am prepared to discuss.

CONFIDENTIALITY

In general, law protects the communication between you and me, and I can only release information about our work together with your written permission, however, there are several exceptions.

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceeding in which your emotional condition is an important element, a judge may require my testimony if the judge determines that resolution of the issues before the judge demands such information.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. For example, if I believe a child, an elderly person, or a disabled person is being abused, I am required to file a report with the appropriate agency.

If I believe a client is threatening serious harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to himself/herself, I am required to seek hospitalization for the client or to contact family member or others who can help provide protection.

These situations have rarely arisen in my practice; however, should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult about a case with another professional. In the consultation, I will make every effort to avoid revealing the identity of any client. The consultant, of course, is also legally bound to avoid revealing the identity of my client. Unless you tell me, I will not inform you about these consultations unless I believe it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns, which you may have. The laws governing these issues are quite complex and I am not an attorney. While I am willing to discuss these issues with you, should you require specific advice, you may wish to consult an attorney. If you would like, I am willing to provide you with a name of an attorney.

Your signature below signifies that you have read the information in this document and agree to our professional relationship.

I have read and understand this Consent to Treatment document. I waive my right to a copy of it. I may request and receive a copy of this document at any time.

Printed
Name(s)_____

Signature(s)_____

Date_____