



## Informed Consent to Outpatient Psychotherapy

Welcome to Elevate Therapy. This document contains important information about my professional service and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and the client, as well as the particular issues you bring forward. There are many different methods I may use to work through the concerns you hope to address. Psychology is not like a medical doctor visit. It is a process that calls for a very active effort on your part; we engage in a partnership to help you meet your therapeutic goals. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

### Risks and Benefits

Since 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 shown to have benefits for people who invest their time and effort to work through the initial discomfort. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs through the collection of a personal history, events leading to the current issues that bring you to therapy and clarifying your goals for the therapeutic process. 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. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, finances and energy so you will want to feel comfortable and confident about the therapist you select. As we move forward, if you have questions or concerns about our work we should discuss them whenever they arise. If you have doubts or concerns that persist, I will be happy to assist you in seeking a 2<sup>nd</sup> opinion from a mental health professional.

## **CONFIDENTIALITY & LIMITS**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. If I believe that a child, elderly person or disabled person is being abused or has been abused, I must make a report to the appropriate state agency. I am also obligated by law to report to the appropriate authorities any instance when material has been accessed, streamed, or downloaded in which a child is engaged in an obscene sexual act. I must also report electronic images of children that depict obscene sexual conduct.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or 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.

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.

Disclosure of confidential information may be required by your health insurance carrier to process claims and to conduct case management efforts. I will make an effort to protect your information and only provide what is necessary. Please note that once I have provided this information, I no longer have control or knowledge over what insurance companies do with the information or who has access to your information.

I may occasionally 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.

In the unexpected event that I am unable to continue your current treatment, I will provide an authorized colleague access to my files and client contact information. As a psychologist, this colleague will be bound by confidentiality and communicate with you as needed.

\_\_\_\_\_ [initial]

## APPOINTMENTS

Sessions are typically 50-55 minutes long; they begin on the hour and end at the designated time. In special circumstances sessions, may last longer and the session fee will be adjusted accordingly based on the full session fee. Beginning a session on time is important to our work; the expectation is that you will arrive on the hour and that I will be ready for us to begin. It is understandable that there may be times when an extenuating circumstance may arise that leads us to begin late; please note, however, that due to clients scheduled after you we will need to end at the designated time to accommodate their appointment.

### Cancellation/Missed Sessions

Your appointment is reserved exclusively for you. If you miss an appointment or cancel at the last-minute I am unable to assist another client. I *request 24-hour notice of a needed cancellation for an appointment*; if the cancellation is requested with less than 24 hour notice you are subject to a late cancellation fee of the equivalent of the fee that would have been assessed for our time together. *Appointments are considered "missed" at 15 minutes past the hour*, and will also be subject to the late cancellation fee. \_\_\_\_\_ [initial]

## PROFESSIONAL FEES

My session fee is \$180.00; this fee rate may be adjusted at my discretion with a notice of 30 days. In addition to weekly appointments, you may request other professional services that will be completed outside our regular session; these will be assessed at a prorated amount of the full session fee in place at that time. Examples of other services include report writing, consultations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries.

Please note: In most circumstances these other professional services are not billable to your insurance; it is your responsibility to inquire/verify with your insurance if you believe they are covered.

\_\_\_\_\_ [initial]

## BILLING AND PAYMENTS

You will be expected to pay for each session on the day of service; payments include full fee if you are a Fee For Service client, or your insurance co-pay/deductible as determined by your insurance plan. Payment is accepted with check, cash, credit/debit card, or a health savings card; in most instances, your payment will be accepted during your appointment time. Should you choose to pay by check and the check is determined to have "insufficient funds" you will be assessed a \$50 fee and requested to submit payment upon notice. Additionally, should a credit/debit card payment be "declined" you will be asked to provide an additional form of payment at the time of service.

\_\_\_\_\_ [initial]

### **Past Due Accounts**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court; if such legal action is necessary its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. \_\_\_\_\_ [initial]

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have health insurance, it will usually provide some coverage for mental health treatment. It is important that you provide me with your full insurance information so that I can verify your benefits. I will submit insurance claims on your behalf, and if needed I will "troubleshoot" any questions that may surface. Most issues with insurance are easily resolved, however, in the event that insurance denies payment for the claim, you will be responsible for the session at the Fee For Service rate in place at that time.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, 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 often require authorization before they provide reimbursement for mental health services. These plans are often 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.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional 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. In some cases, they may share the information with a national medical information databank. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of 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 my services yourself to avoid the problems described above [unless prohibited by the insurance contract].

It is your responsibility to provide us with information regarding any changes in your insurance coverage such as annual renewal, expiration of coverage or changes in insurance company.

\_\_\_\_\_ [initial]

### **CONTACTING ME**

I can typically be reached during business hours by calling 858-987-8055; please note that I am often with other clients and not immediately available by telephone. When I am unavailable my telephone is answered by a confidential voicemail. I will make every effort to return your call within 24-48 hours, with the exception of weekends and holidays. *If you are unable to reach me in an emergency situation contact the Access & Crisis Line at (888) 724-7240 or call 9-1-1.*

### **Email communication**

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters, because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The most secure option is the email feature on the The Therapy Appointment scheduling system for this office. Overall, telephone or face-to-face context simply is much more secure as a mode of communication.

### **Text messaging**

Text messaging is a very unsecure and impersonal mode of communication; therefore, I do not send or respond to text messages. Please note, 858-987-8055 does not have texting capability.

### **Social media**

I do not communicate with my current or former clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship.

In addition, please do not try to contact me in this way, as I will not respond in an effort to preserve our professional relationship and growth toward your therapeutic goals.

\_\_\_\_\_ [initial]

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

Clients will be charged an appropriate fee for any professional time spent in responding to information requests. This office uses the Electronic Medical Record system known as Therapy Appointment.

### **CONCLUSION OF THERAPY**

There are many different levels of care a psychologist can provide and each therapist is expected to provide services within their “scope of expertise”. In some instances, I will recommend a specialist for you that can more effectively meet your needs and help you reach specific goals. If there is a need for a referral of this type I will work with you to assist in the transition with a new therapist; ultimately, my goal is for you to receive the quality of care that best meets your needs.

Therapy itself is a process, there is a beginning, middle [working phase], and end; the length of time in moving through this process depends on the client’s needs and fulfillment of their goals. I will work with you on managing this process and, when the time comes, to help you develop a transition plan to ending our therapeutic relationship. It is not uncommon for former clients to return to therapy at some point in the future; although our present work may end, I will be here should you need assistance at any time in the future.

Your signature below indicates that you have read and agreed to the information presented in the Informed Consent for Outpatient Psychotherapy.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_