Jennifer Wilcox PhD
3736 North High Street
Columbus OH 43214

Psychologist License No 6526
P 614.265.2530 F 614.265.2531

CLIENT AGREEMENT AND NOTIFICATION

Welcome! Thank you for entrusting my practice with your mental health care needs. I am pleased to have the opportunity to work with you. This document contains important information about my professional services and business practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protection and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. This Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging receipt of this information. Your signature on this document represents an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance upon it; if there are obligations imposed by me by your health insurer in order to process or substantiate claims made under your policy (not applicable for self-pay clients); or if you have not satisfied any financial obligations you have incurred.

If you have any questions or concerns about these policies or any other aspect of my practice, please feel free to discuss them with me.

PROFESSIONAL SERVICES

Psychotherapy varies depending on the presenting concerns of the client, the theoretical orientation or therapeutic style of the therapist, and the personalities of the client and therapist. Research supports the effectiveness of psychotherapy for various behavioral and emotional concerns. There are multiple methods used to treat problems, and psychotherapy has benefits and risks. Treatment may include discussion of issues that are uncomfortable for you. As a result, you may experience unpleasant feelings during therapy such as sadness, anxiety, guilt, anger, frustration, and helplessness. You may also discover that therapy facilitates relief from distress and leads to more fulfilling relationships and solutions to specific problems. Early in therapy, I will discuss with you my impressions of what your work in therapy will involve. While I use my best professional judgment for your well being, I cannot guarantee that you will obtain the results you seek. If at any time you feel you are not benefiting from treatment, please share your concerns with me so we can discuss alternatives including a referral to another provider, as indicated.

APPOINTMENTS

Couples sessions are typically 75 minutes in duration. Extended sessions (i.e., 90 minutes) may also be scheduled if clinically necessary and upon request. I utilize an evidence-based treatment model called Emotionally-Focused Therapy (EFT) for couples which focuses on the attachment dynamics within each couple. We will discuss the length of sessions at the outset of treatment based upon your individual needs and presenting concerns. To schedule, cancel or change your appointment, please email me (drwilcox@drjenniferwilcox.com) or call or text (614-783-7128). You may leave a confidential voicemail message 24 hours a day. Calls will be returned within two business days.

EMERGENCIES

In the event you need urgent care between sessions, my emergency contact number is **614.783.7128**. If you receive my voicemail, please leave a message indicating that you have an urgent concern with a call back telephone number. If you are unable to reach me for any reason, please call:

Netcare Corp Crisis Hotline 614.276.CARE (2273)
or
OSU Harding Hospital 614.293.9600

CONFIDENTIALITY

In general, the law protects the confidentiality of all communications between a patient and a psychologist, and I can only release information about your treatment to others with your written permission. However, there are some

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situations in which I am legally entitled or even required to release patients' protected health information without their authorization. While I request authorization from both parties within a couple before releasing protected health information, in the case of court proceedings, I could be compelled to release information about either individual. I can also be compelled to release patient records by the Board of Psychology.

In the following situations, I must take action to protect people from harm, even though that requires revealing some information about a patient's treatment. If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate agency. If I believe that a patient is threatening serious bodily harm to him or herself or to another, I am required to take protective actions which may include contacting authorities, family members or others who can help provide protection. I may also be required to release confidential information under court order, although such an occurrence is unusual in my practice.

If such a situation arises, I will make every effort to discuss it with you and will limit my disclosure to the minimum degree required. It is important to discuss any questions or concerns you have regarding the limits to confidentiality now or in the future.

FEES

A detailed fee scheduled will be provided upon request. All couples therapy sessions are conducted on a private-pay basis (insurance is not accepted for couples therapy). I accept all major credit cards and health savings cards for payment.

In addition to therapy appointments, I charge the basic session fee for other professional services you may need including telephone conversations of a clinical nature, report writing, consulting with other professionals at your request, preparation of records or treatment summaries, and the time spent performing any other services. In the unlikely event that I would be called into court to testify, for depositions, or if subpoenaed (even if called by another party), my fee is $350 per hour. Clients are ultimately responsible for payment of any services rendered.

If you need to cancel your appointment, 24 hours' notice is required. If an appointment is missed or cancelled with less than 24 hours' notice, a late cancellation/no-show fee will be charged. For the first missed appointment, 50% of the full fee will be charged. For any late cancellations/no-shows thereafter, the full session fee will be charged.

If you choose to place a credit card on file for payment, you are hereby authorizing my practice to charge the card on file for any services rendered or fees incurred.

If you anticipate problems paying for any services rendered, please discuss this with me as soon as possible to make a payment plan and to minimize any misunderstandings. A returned check fee of $30.00 will be charged for any returned checks in addition to any bank fees incurred. Also, a reasonable collections charge will be added to your balance should collections services be necessary to receive payment for your treatment. At that point, confidentiality regarding your name and involvement in therapy can be broken. To avoid this, please pay your bill at the time of service.

Your signature indicates that you have received a copy, read, understood, and are willing to abide by the above agreement.

Please note for individuals in couple therapy, both individuals must authorize release of information from the medical chart as personal information about both parties is kept herein.

Signature: _____ Date: _____

Signature:: _____ Date: _____