

Office Policies and Informed Consent for Psychological Services

Description of Services: I offer a variety of services including counseling/therapy for individuals and couples, stress management or mind-body wellness management, and consultation. "Therapy" or "counseling" are not easily described, and vary depending on the personality of both the therapist and the client, and the particular types of problems being presented. However, a description of my thoughts on therapy and what you might expect may be helpful. I believe that people are oppressed by the problems that visit their lives, and that old stories which are no longer useful limit our ability to respond in new ways to the trouble in our lives. I help clients expose those old stories and make room in their lives for them to create new ways of being. To do this we may use techniques from many different theories of therapy.

More important to me than any theory of therapy are hope, respect, confidence in the process of therapy, and a healthy therapeutic relationship. These ingredients give my clients a safe environment and the support they need to try new things. While I am willing to be the expert on the process of psychotherapy, I believe that **you** are the expert on your own life. That means that rather than telling you what to do to heal, I will help you re-discover your own strengths, and use them to effectively take a stand against the trouble that has come to your life. You will be responsible for deciding when and how, to change your life. My goal for therapy is to help you identify who you want to become, and to help you move toward this preferred self.

Confidentiality: All communication during the course of therapy is strictly confidential and will not be disclosed to anyone without your written permission except in situations where disclosure is necessary to prevent harm or is required by law. Disclosure may be required in the following circumstances with or without your permission: When there is a reasonable suspicion of child abuse or elder abuse; reasonable suspicion of serious harm to self or others; possession and/or sale of child pornography, and in certain legal proceedings. In addition, I consult with other mental health professionals to make sure that all of my clients receive the very best of care. You will not be identified to other professionals, and they are bound by the same rules of confidentiality as am I. In couples or family therapy I maintain a "no secrets" stance. In other words, should I talk to part of a couple or family individually I reserve the right to disclose the contents of the conversation to the rest of the participants.

Note: Email is a very good way to contact me, but it is not a secure form of communication. Email should only be used to make, change, or confirm appoints,

and should not contain confidential or sensitive information. Email should never be used in emergency circumstances.

Risks and Benefits: Psychotherapy is a collaborative effort, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. Psychotherapy may involve the risk of remembering unpleasant events and can arouse intense emotions such as fear, anger, depression, anxiety, frustration and loneliness. Some people even feel that they get worse, before they begin to feel better. However, psychotherapy has also been shown to have many benefits for those who follow through with it including: more fulfilling relationships, solutions to specific problems, reduction in feelings of distress, improved coping skills, greater life satisfaction, and personal growth. Open and honest communication is essential to a positive outcome in counseling and you are encouraged to voice any concerns or questions about the effectiveness of treatment. You will be provided with referrals and transitional support if we decide that I am not the best treatment provider for you.

Payment for Service: Professional fees are \$200 for the initial evaluation, \$165 for each 45 to 50-minute individual session and \$180 for a 50-minute couple's sessions.

Dr. Eicken has discussed fees with me and we have agreed to the standard fee schedule listed above. Initial: _____

Or: A sliding scale fee is available under certain conditions. Dr. Eicken and I have agreed to a fee of \$ _____ per 45 to 50 min session. Initial: _____ . (Initial one sentence & cross out the others.)

Or: Dr. Eicken and I have agreed to use my insurance, and I assign benefits to him. _____

Sign: _____

Date: _____

Note: Worker's Compensation is a very special circumstance. Should your worker's comp carrier fail to pay a claim within 30 days I will have to discontinue treatment. If you intend to use worker's compensation for payment, please discuss it with Dr. Eicken. Initial: _____.

Fees are periodically reviewed and with prior notice may be increased.

Clients are expected to pay for services at the time of each session. You may make payments by cash or check. (There is a \$25 charge for returned checks.) Ordinarily Dr. Eicken does not provide forensic services. Should I become involved in any legal matter such as giving testimony, depositions, etc., the fee is

\$250.00 per hour for preparation (minimum 4 hours), review of materials, travel time, court time, and any other time involved. For forensic work I charge a non-refundable retainer fee based on the estimated time involved which is to be paid in advance of any work, and there is a minimum charge of \$500.00. Payment is an important part of our professional relationship. Please discuss your feelings about payment, as well as any problem that may arise during the course of your treatment regarding your ability to make timely payments.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I reserve the option of using legal means to secure payment including attorneys, collection agencies, or small claims court. Further, upon nonpayment, I also reserve the right to report the "bad debt" to relevant credit bureaus. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim and the client or responsible party will be responsible for all costs of collection, litigation, and attorney's fees. In such cases, the only information that is released about a client's treatment would be the client's name, the nature of the services provided (e.g., individual therapy), dates of services, and the amount due.

Insurance: If you carry insurance, please know that professional services are rendered and charged to the client, not the insurance company. Therefore, any charges incurred are the responsibility of the client (not the insurance company). Signing this document assigns any 3rd party payments to Dr. Eicken. If you need a statement of services for insurance reimbursement, please request one. Please note that Dr. Eicken provides a very basic monthly statement that is designed to protect your confidentiality. He will not alter his statement nor provide additional information for insurance companies.

Cancellation: Since scheduling an appointment involves reserving time specifically for you, a minimum of 48 hours notice is required for rescheduling or canceling an appointment. The full fee will be charged for missed sessions without such notification.

Dr. Eicken feels that you are perfectly capable of making appointments when you need them. If, for some reason, he does not hear from you for more than four weeks he will assume that you have decided to end treatment and your chart will be closed. Please call if you would like to start again.

Hours: Dr. Eicken rarely provides after hours or emergency services. If you have used after hours services, required emergency care in the past; or feel you may need them in the future, please talk to Dr. Eicken about that so that there is a clear understanding of expectations for treatment.

Telephone Calls: My confidential voice mail is always on and I check for messages twice a day. Although I attempt to return calls in a timely manner, please know that a response to your call may take up to a business day. I rarely use the phone for treatment, and calls exceeding 10 minutes will be charged at my regular hourly rate. In case of an emergency you may need to call 911 or go to your local emergency room.

Dr. Eicken has my permission to use my email address: Initial: _____ I have read and understand the above conditions of counseling and disclosures. I accept these conditions and give my consent to be treated by Iverson M. Eicken, Ph.D.

Client Signature

Date

Print Name