

Informed Consent

Dr. Mary Alyce Burkhart provides quality individual, couples, and family therapy for adults, children and teens with mental health, adjustment and wellness concerns.

This form is an agreement between you, _____ and me, Mary Alyce Burkhart, Ph.D. When I use the word “you” or “I” below, it will mean your child, relative, or other person if you have written his or her name here _____.

A. Confidentiality

All therapy is strictly confidential within the exceptions provided by law. These exceptions include but are not limited to: 1) release of information upon your written consent, 2) a court order, 3) suspected child or elder abuse or neglect, 4) the suspected threat of harm to yourself or another, or 5) if you are a minor for whom confidentiality is limited to the extent exercised by your parent/ legal guardian.

When I examine, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information to decide what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let me use your information here, and to send information to others. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. Please read this before you sign this consent/ authorization form.

If you do not sign this consent/authorization form agreeing to what is in the Notice of Privacy Practices, I cannot treat you.

In the future, I may change how I use and share your information, you have the right to ask me to not use or share some of your information for treatment, payment, or administrative purposes. You will have to tell me in writing what you want. Although, I will try to respect your wishes, I am not required to agree to these limitations; however, if I do agree, I promise to comply with your wishes.

Your signature indicated that you have been given a copy of the Notice of Privacy Practices and that you have been given an opportunity to read the Notice and ask questions.

After you have signed this consent/authorization, you will have the right to revoke it by writing a

letter telling me that you withdraw your consent, and I will comply with your wishes about using or sharing your information from that time on as the law allows; but I may already have used or shared some of your information, and I cannot change that. If you decided to revoke your authorization, we will need to discuss whether treatment can continue under those conditions.

Finally, because of the critical nature of the therapeutic privilege, therapists will avoid any reference to their professional connections with clients outside of this office.

B. Payment Policy and Sliding Fee Scale

The person responsible for payment hereby agrees to make full payment for services rendered.

Payment for services is due by cash, check (*checks made out to Mary Alyce Burkhart*), or credit card when services are rendered. This therapist will not bill insurance companies. Failure to pay a past-due balance of more than one session will result in a discontinuation of treatment until the outstanding balance is settled.

Any checks which are returned unpaid for any reason will accrue upon the client's balance the amount of the check plus any and all associated bank fees.

Because we recognize that the cost of therapy is a barrier for some individuals seeking services, we use a sliding fee system designed to make treatment more affordable for persons seeking counseling. The following scale is used to assess your session fee.

Current Gross Monthly Income	Session Rate
\$0.00 - \$2,500	\$60.00
\$2,501 - \$5,000	\$70.00
\$5,001 - \$6,000	\$80.00
\$6,001 - \$7,000	\$90.00
\$7,001 - \$8,000	\$100.00
\$8,001 - \$9,000	\$110.00
\$9,001 - \$10,000	\$120.00
\$10,000 and above	\$150.00

C. Session Structure, Appointments and Session Cancellations

Sessions are 50 minutes in length. There is no fee for appointments cancelled or rescheduled at least 1 week before an appointment. However, any appointment cancelled or rescheduled with less than 1 week notice will be charged half the cost of the therapy session. Clients will be charged the full cost of a session for any appointments missed in which the client failed to contact the office in advance.

If you are late to an appointment, the therapist will see you for the remainder of your allotted time, but you will be charged the full session rate; session extensions are not available.

D. Termination

Termination of therapy is a personal decision made by clients in conjunction with their therapist. If you plan to discontinue treatment we request that you notify your therapist at a regular therapy session, not by phone, so that your case can be closed.

Your therapist reserves the right to terminate treatment if payment is not timely, if you come to session under the influence of alcohol or drugs, if psychological prescriptions are not filled (such as seeking a psychiatric consultation, refraining from dangerous practices, maintaining the boundaries which make therapy possible, etc.), or if a problem emerges that is not in the scope of competence of the therapist.

E. Phone and Emergency Contact

The answering services take client calls 24/7 and a live operator will take your message. Messages will be sent to the office and the secretary will return your call between the hours of 8am to 5pm, Monday – Friday.

Mary Alyce Burkhart, Ph.D., is not an emergency service. In the event of an emergency, please call an emergency hotline, 911, or go to the nearest hospital emergency room.

F. Risks and Benefits of Therapy

While the effects of therapy have generally proven to be quite beneficial, there are some risks to consider. Treatment may challenge current relationship and life patterns. In the course of treatment while discussing difficult events or experiences, some clients experience sadness, depression, or other uncomfortable and distressing emotions. For these and other reasons, it is possible for issues to “*get worse before they get better.*” However, the majority of clients find therapy to be extremely helpful. Many report improved relationships with others, decreased anxiety and depression, and greater overall satisfaction.

Consent to Treatment

I hereby voluntarily consent to participation in the services provided by Mary Alyce Burkhart, Ph.D. Possible services include: individual, group, marital, family therapy, telemedicine, or consultation with other mental health agencies, and individual psychological testing. The nature and purpose of these services will be explained to me. I am aware that psychology is not an exact science and I acknowledge that no guarantees will be made to me about the results of these services.

I understand that strict confidentiality will be observed of all information obtained as a result of my participation under the guidelines established by the American Psychological Association, as well as state and federal laws. Complete confidentiality will be preserved and information will be released only to qualified professionals and only with my explicit written permissions, except in those unusual circumstances in which to maintain confidentiality would result in clear danger to my person or others.

I understand that I am responsible for charges for services provided by this therapist to this client.

I understand that I may revoke authorization of this disclosure at any time by written request to Mary Alyce Burkhart, Ph.D.

By signing below you affirm that you: (1) have read, understood, and agree to the above fees, policies, and procedures, (2) are aware of the risks and benefits associated with therapy, (3) agree to the above described conditions and disclosures, and (4) have been offered a copy of this document for your records.

Signature of the Person(s) Responsible for Payment

Date