

## **Client Information and Office Policy Statement Informed Consent**

### **New Client: Welcome!**

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. I will answer any questions you have regarding any of these policies.

### **Aims and Goals:**

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological and spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with me to outline your treatment goals and assess your progress. There may also be negative consequences if you do not follow through with recommended treatment(s). You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

### **Appointments:**

Appointments are usually scheduled for 50 minutes. Patients are generally seen weekly or more/less frequently as acuity dictates and you and I agree. You may discontinue treatment at any time for any period of time—it is your treatment, and it will only be productive if you feel you are there because you want to be there. Please feel free to discuss any decisions with me. In the event of an emergency, I may be reached by cell phone at 318-2258. Please be mindful that I am not always available to patients due to my commitments to my family, so while I try to be responsive to phone calls between sessions, please try to use your therapy hour to discuss non-urgent therapy issues. If you are unable to reach me and are in crisis, you may call your primary care physician or the local emergency room, or the Baptist crisis hotline: 202-7900.

### **Confidentiality:**

Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include: 1.) suspected abuse or neglect of a child, elderly person or a disabled person, 2.) when I believe you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) if you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities, 4.) if your psychiatrist or therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc. 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) in natural disasters whereby protected records may become exposed or 7.) when otherwise required by law. You may be asked to sign a Release of Information so that I may speak with other mental health professionals or to family members.

## **Client Information and Office Policy Statement – continued**

### **Record Keeping:**

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are locked and kept on site.

### **Fees:**

Fee for the initial visit is \$140

Each 45-50 minute session thereafter is \$125

### **Payments:**

Payment is due at the time of the session unless other arrangements have been made. I will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit.

### **Cancellations and Missed Appointments:**

You will be billed for reserved sessions that you do not attend or that you cancel with less than 24 hours notice. This is because I am typically unable to fill an appointment time with such short notice. You may leave messages 24 hours per day. The unkept appointment fee is \$75 the first missed appointment and \$100 each missed appointment thereafter. Insurance companies generally do not reimburse for failed appointments.

### **Complaints:**

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, or me, or any office policy please inform me immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

### **Consent for Treatment**

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of patient (please print) \_\_\_\_\_

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

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

Therapist/Witness: \_\_\_\_\_