



# Informed Consent for Therapy Services

(Please print/sign last page of this document and include with opening forms)

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

## THERAPEUTIC SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees as to what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

## APPOINTMENTS

Appointments will ordinarily be 50-55 minutes in duration, at a time set aside for you. Sessions may be weekly or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 *business hours* (Monday-Friday) notice. If you miss a session without canceling, or cancel with less than 24 hour notice, or cancel a Monday appointment during the weekend, my policy is to collect a fee. One emergency cancelation will be allowed and fees will be waived, but consistent cancellations will result in incurred fees. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time to be respectful of the next scheduled client/family.

## PROFESSIONAL FEES

My standard fee for therapy sessions varies between \$100-120. The fee is dependent on the type of therapy that works best for your needs. We will discuss fees when we initiate therapy services, and you will be aware of all costs prior to agreeing to participate in therapy. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by credit card, check, or cash. Please bring exact change if paying in cash. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur.

In addition to weekly appointments, it is my practice to charge for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, there will be charges for the professional time required even if another party compels me to testify.

## INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will assist you by filing claims, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (co-insurance) or a flat dollar amount (co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check, credit card, or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

#### PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location electronically. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that would cause harm to yourself or others, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

#### CONFIDENTIALITY

My policies about confidentiality are that any communication we have is privileged and confidential. I am not going to share your counseling materials with anyone, unless you sign an authorization for me to do so. Even well-intentioned family members, seeking to know how you are doing, cannot

spontaneously call me to check in, unless you have authorized it. Please remember that you may reopen this conversation at any time during our work together.

There are some circumstances in which I may disclose without your consent or authorization. There are some in which I am *legally obligated* to disclose information. Please read the following bullets carefully and discuss with me any concern you have:

- Child Abuse – I am required to report to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect, physical abuse, or sexual abuse.
- Adult and Domestic Abuse – I am required to report to the appropriate authorities when I have a reasonable basis to believe that abuse or neglect of an incapacitated or vulnerable adult has occurred or that exploitation of an incapacitated or vulnerable adult's property has occurred.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services I have provided you and/or our records, such information is privileged under state law, and I will not release information without either your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to try to prevent the harm from occurring, including disclosing information to the potential victim and the police or initiate hospitalization procedures. If I believe there is an imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you.

## PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child age 11 and under unless they agree that I can share whatever information I consider necessary with a parent/guardian. We will discuss this and make a verbal agreement at our initial session. For children 12 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to

handle any objections that are raised. Please see separate documents that apply to children in custody disputes and/or adolescents in therapy.

#### CONTACTING ME

I am available Monday - Friday, between 8am and 9pm. I am not available by telephone while I am with clients. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. Emailing me often receives a quicker response as I often do glance at emails between appointments. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) call 911 and ask to speak to the mental health worker on call; or 2) go to your local hospital emergency room. I will make every attempt to inform you in advance of planned absences.

#### OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have outside relationships with clients, former clients, or members of client's friends or family circle. If you and I happen to encounter each other by chance outside of the office, you have the right to say hello or ignore me completely, based on your comfort level, and neither action will have a therapeutic effect on our work together in counseling.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms. Please print, sign, and bring this page to your initial session. The rest of this packet is for your information only.

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Signature of Patient or Guardian

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Date

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Printed Name of Patient or Guardian

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Guardian's relationship to Patient



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Tally Iskovitz, LPC - Therapist