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Information, Authorization and Consent to Treatment

Welcome to my practice. I am honored that you choose to work with me and sincerely look forward to assisting you. This document explains my policies on business, confidentiality, emergencies, and other details. It is my commitment to keep you fully informed of every part of your therapeutic experience. Our relationship is a collaborative one. I welcome questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. I received my Bachelor's degree with honors from Miami University (Oxford, OH) in psychology and my dual-doctoral (PhD) degree (along with a non-terminal Master's degree) in Clinical Psychology and Community Psychology from Georgia State University. I completed my APA accredited internship year in professional psychology at The Ohio State University Counseling and Consultation Service and my Postdoctoral Fellowship year in clinical psychology at Georgia Institute of Technology Counseling Center. I am licensed in the state of Georgia as a psychologist, license # 2881, and in the state of Texas as a psychologist, license #37445. I am also licensed (#4988) through the Association of State and Provincial Psychology Boards to have authority to practice interjurisdictional telepsychology (APIT).

PSYCHOLOGICAL SERVICES: Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Psychotherapy is not easily described and varies depending on the personalities of psychologist and patient, and the particular goals being addressed. Psychotherapy can have benefits and risks. Discussing unpleasant aspects of your life, may result in uncomfortable feelings. But, processing challenging emotions and sensitive topics often leads to therapeutic progress: better relationships, solutions to specific problems, and significant reductions in feelings of distress. Please also be aware that changes made in therapy may affect other people in your life. It is my intention to help you manage changes in your interpersonal relationships as they arise.

Psychotherapy calls for a very active effort on your part. The more you put into this journey (more frequent sessions, risk taking in self disclosure, allowing mental flexibility/curiosity, applying new ways outside of sessions, etc) the more you will likely benefit and grow.

My approach to treatment utilizes many different therapeutic methods and incorporates your input. I prioritize having my patients feel respected and in control of their therapy tempo and intensity. I welcome and seek out on-going feedback. The therapeutic relationship is unique and the most powerful source of change. It requires that you feel comfortable, understood, hopeful, secure and safe in the therapy relationship.

After evaluating your needs and strengths, I will offer some first impressions of what our work will include. Please consider this information and decide whether you feel comfortable with this approach. We can discuss your questions about my procedures whenever they arise. If ever requested by you, I

will be happy to help you set up a meeting with another mental health professional for a second opinion.

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

MEETINGS: Evaluations to mutually determine our possible therapeutic fit typically last 3 to 4 sessions. During this time, we both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I usually schedule one 55-minute appointment per week. Longer appointments and extra sessions per week can be requested.

CANCELLATION POLICY: You will be expected to pay the full session fee unless you provide 24-hour advance notice to cancel an appointment. Since unexpected life events occur, if I can fill your time slot, you will not be charged for the late cancellation. The nature of a psychotherapy practice makes these accommodations unlikely: they are extended as a courtesy rather than guarantee. Two missed appointments without cancellation require payment before additional sessions are scheduled. We will begin and end appointments on time. If you run late, please do know I am open to still meeting even though we will end the appointment on time and thus have a shorter duration.

TERMINATION OF TREATMENT: Your best interest guides my recommendations, including referrals to specialists or second opinions, if needed. Out of respect for people, I don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. I encourage you to let me know if you want to take an extended break from therapy, end treatment, or be transferred to another therapist. I will respect your autonomy and will strive to role model healthy goodbyes in-person. If at any point you are unable to keep your appointments or I don't hear from you for an extended time, I may contact you by phone or letter to notify you of closing your chart. Please let me know if you prefer I do not do this. After closing your chart, as long as I still have space in my schedule, reopening your chart and resuming treatment typically is an option. After conjoint therapy for a couple terminates, I will not work with either partner individually unless both parties process this request and we all find it acceptable.

PROFESSIONAL FEES: My hourly fee for an initial patient appointment is \$225. My fee for on-going psychotherapy sessions is \$195. My fee for conjoint therapy sessions (couples therapy) is \$265. I charge the weekly appointment amount for other professional services, breaking down the hourly cost for work periods of less than one hour. Other services include: telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries. Please note that there is a \$30 fee for any returned checks. Infrequently, I may increase my fees, but I will provide advance notice before doing so.

FORENSIC POLICY: There is a dual relationship that psychologists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities. However, if for some reason I am legally compelled to testify to a court of law, I will require an upfront retainer of \$3,000.00, and my billing rate will be \$500.00 per hour, plus you agree to be responsible for the reasonable attorney fees I am charged by my counsel. Additionally, if I receive a valid subpoena to

produce or a valid request for production of documents, I will need to charge you reasonable and customary fees based on state and Federal guidelines. If a summary of treatment is accepted instead of the entire set of records, I charge my prorated hourly rate for the time to produce this summary. I will also need to charge you the reasonable attorney fees associated with that production, which will take place by and through my counsel's office to preserve your confidentiality. I will have to charge you even if I am called to testify by another party, unless your lawyer can arrange for the other party to pay me.

CONTACTING ME: I prefer to be contacted directly by phone. I have found that communication through any other medium can hinder the message that is being conveyed. When I am unavailable, my telephone accepts voice mail. I make an effort to return calls within 24 hours, with the exception of weekends, holidays, or vacations. Occasionally messages get lost or are not received. Please feel free to leave additional messages. If you prefer to leave a written message, you may use the patient portal message system.

EMERGENCIES: My practice is considered to be a part-time outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a clinic with 24-hour service availability. Due to the part-time nature of my independent private practice, I am not ordinarily available for crisis appointments or crisis telephone calls.-If you feel you can't wait for me to respond, call your physician or ask for the psychologist/psychiatrist on call at the nearest emergency room. Another option is to call 911, the quickest & most efficient way for you to achieve safety. If you are suicidal, call the **National Suicide Prevention Lifeline 988** or contact a local resource (<https://www.988texas.com/texan-resources>).

LIMITS OF THERAPY RELATIONSHIP: I follow the American Psychological Association (APA) standards. In your best interests, the APA puts limits on the relationship between therapists and patients. Let me explain the limits, so you will not think they are personal responses to you. First, I am trained to practice psychology only—not law, medicine, or any other profession, including forensic psychology. I encourage you to seek professionals trained in these areas. Second, to offer you the best care, your relationship with me must remain professional in nature even after treatment ends. I must also decline any invitation to attend gatherings with your family or friends. Third, please know I will protect your right to confidentiality if we run into each other in public, and I will not address you in public unless you speak to me first. In sum, it is my ethical duty as a therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

CONFIDENTIALITY: Confidentiality is an important element of therapy, and is typically protected by laws and professional code of ethics. The laws governing confidentiality can be quite complex, and in situations where specific advice is required, formal legal advice may be needed. In most situations, I can only release information about your treatment to others if you sign a HIPAA compliant written authorization form.

There are situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for the following situations:

- **Professional Consultation.** Occasionally it is helpful to consult other health/mental health providers about a specific case. During such consultations, patient identity is not revealed. The

other professionals are also legally bound to keep information confidential. I will note any consultations in your Clinical Record.

- I contract with Advanced Billing Solutions, Inc (ABS). under a HIPAA Business Associate Agreement (BAA) agreement requiring the company to follow HIPAA rules regarding confidentiality of data. The BAA means that ABS is willing to attest to HIPAA compliance and assumes responsibility for keeping your PHI confidential.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- Should you make threat of harm to self or others, I may take appropriate action to protect you and any others, including, but not limited to: seeking your hospitalization, warning any identified victims, devising a crisis response plan by contacting your family/friends, or advising law enforcement.
- Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

There are some situations where I am permitted or required to disclose information without either your consent or authorization and these are outlined in the HIPAA notice (e.g., court order, health oversight, workers compensation, etc).

There are some situations in which Texas law obligates me to take actions and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- **Protecting Vulnerable Populations:** If I have reason to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the Texas law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such a report is filed, I may be required to provide additional information.
- If I learn of previous sexual exploitation by a mental health provider I am required by Texas law to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record and maintain those records for a specific length of time. These professional records can be misinterpreted and/or upsetting to untrained readers. I recommend that you initially review them in my presence, or have them forwarded to another mental health professional to discuss the contents. Texas law requires that all requests to review or obtain copies of your records must be made in writing. Couples/Conjoint therapy involves the need for both parties to authorize release of records.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information which I will attempt to keep to a minimum. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT: Upon request, I will provide receipts to help you pursue out-of-network reimbursement from your insurance. Please review these receipts closely to determine

whether the information included is acceptable to you (e.g., type of service, diagnosis). Sometimes insurance companies ask for additional information before they will reimburse you. The information you authorize me to release will become part of the insurance company files and I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. By signing this Agreement, you agree that you, not your insurance company, are responsible for full payment of my fees.

TECHNOLOGY: In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. I've developed technology policies which are explained in greater detail for you to review ("TeleMental Health Notice").

Our Agreement to Enter into a Therapeutic Relationship

Your electronic signature indicates that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices" and the "Telemental Health (Technology) Notice"** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.