



***Laura L. Baird, Psy.D.***

267 William Street, Middletown, CT 06457 860-231-2208

***Informed Consent for Treatment and Billing***

The following contains general information about my practice that I hope will be useful to you. Please read this carefully and sign on the space indicated on the last page. Your signature signifies that you have both acknowledged and agreed to these provisions. If you have any questions about any of the following policies, please ask me and I will clarify them with you.

***Benefits and Potential Risks:***

The majority of people who engage in therapy benefit from treatment. However, some risks do exist. The process of examining past and/or present issues can lead to uncomfortable feelings, such as unhappiness, anger, guilt, or sadness. Also, important decisions are often an outcome of therapy. Such decisions can provide new opportunities as well as unique challenges. It is very important that we discuss all of your reactions to therapy as they occur so that we might make the process as comfortable as possible.

***Your Privacy:***

The discussions that we have in therapy are confidential and are privileged. This means that I may not divulge anything about our meetings without your permission, except if you are at imminent risk for hurting yourself or someone else. If you are in danger of either of these actions, I will likely need to report this information in order to protect you or the other person. I am also required by law to report to the appropriate authorities suspected child and elder abuse and/or neglect. In family or couple's session, your communications are similarly protected, but please note that privacy protections cover individuals and not groups. Your privilege only extends to what you say, not to what your family member says.

***Scheduling:***

Sessions typically range from about 45 to 55 minutes in length. Please understand that if you are late for your session, I cannot extend sessions past their predetermined ending time, as that interferes with the treatment of other clients. However, in the event that I am late for a session, I will extend the session to 45 minutes.

In general, I try to provide my clients with a regular time each week or every other week when we will meet. This tends to work smoothly for both parties. Therapy is a cumulative process and works best when we are able to meet regularly. Certainly, things do occur that may interfere with regularly scheduled meetings. I will make every attempt to reschedule your session, but please understand that my office hours are limited and that cannot always occur.

### ***Cancellations:***

Kindly provide at least 24 hours notice prior to cancelling a session. **Please note that I charge \$50 for all cancellations made with less than 24 hours notice. I charge \$75 for all sessions that are unattended with no prior cancellation.** This fee is not covered by your insurance even if your insurance company is paying for your treatment.

Certainly, I understand that situations arise where 24-hour notice may not be given. However, please understand that my business is predicated on my setting aside time specifically for you. I cannot fill that time unless enough notice is given. I cannot maintain a practice if my time is not accounted for.

### ***Payment:***

My hourly fee for an initial evaluation is \$150 and for individual therapy session the fee is \$110 for a 45-53 minute session, \$130 for a 54-60 minute session. Your payment or co-payment for each session is due at the time of your appointment. If for some reason you are unable to pay at the time of your appointment, I will only schedule one additional appointment for you until the balance on your account is paid. I reserve the right to periodically adjust my fee and will provide at least a two-month notice of any change.

For your convenience, payment may be made via cash, personal check or cards. I use IvyPay for processing credit cards and HSA cards, a HIPAA-compliant program designed specifically for therapists. Please note that if payment by check is returned to me, you will be responsible for the bank fee that results.

If a balance on your account accrues, I reserve the right to charge a late payment fee if you do not pay in a timely manner. 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 payment. This may involve utilizing a collections agency or going through small claims court, which will require me to disclose otherwise confidential information.

### ***Insurance:***

If you are using your insurance for payment, 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 client. This fee is to be paid at the time of the visit. Some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the client before the insurance will begin payment. This generally means that you will be required to pay for initial sessions with me until your deductible has been met. The deductible often restarts at the beginning of each calendar year.

**It is your responsibility to contact the insurance company to obtain and understand your insurance benefits.**

If there becomes a long-standing problem with payment from your insurance company, you may be required to pay the entire fee for your sessions until the problem has been resolved. I will then reimburse you your payment minus any co-payment or co-insurance that is required by you.

In order to obtain payment from your insurance company, I am required to provide them with your psychiatric diagnosis. At times, insurance companies will also require treatment plans or summaries and

in rare cases an entire record. Though insurance companies claim to keep such information confidential, I have no control over what they do with it.

***Professional Fees:***

If you ask me to participate in services outside of therapy (i.e. attending a meeting on your behalf), please note that my fee for such services is \$110 per hour and will be prorated by the ¼ hour. This includes any travel time as well. This fee is expected to be paid at the time of services.

Throughout the therapy process, I expect to engage in such services as speaking with your other providers (i.e. your primary care physician and/or psychiatrist) and correcting issues with your insurance company. However, if I am asked to engage in services above and beyond what is generally required in the therapy process, I reserve the right to charge my professional fee of \$110 per hour. Examples of services for which I may charge include completing paperwork for disability or work-related issues, writing letters to lawyers or other professionals, and correcting long-standing insurance difficulties.

***Social Media:***

Please know that I do not engage with clients on any form of social media such as Facebook.

***Record Keeping:***

I am required to keep records of the psychological services I provide. Your records are maintained in a locked area within the office and in an electronic healthcare record (Therapy Notes). No one other than myself has access to your records, except for an assistant who helps me with billing. Your full record includes but may not be limited to the paperwork you completed when therapy was initiated as well as my initial evaluation, therapy notes for each session we meet, records from other providers, and notes regarding phone contact with you or other providers with whom you have given me permission to speak. I am required to keep your records for seven years. After seven years, they will be destroyed in a manner in which your confidentiality is protected.

If you would like me to send your records to another provider, we will discuss what you would like me to disclose (i.e. therapy notes, treatment summaries, etc.). You must sign a release of information prior to my sending these records. If there is a clinical emergency (i.e. you are in danger of hurting yourself or someone else) that requires immediate obtainment of your record, I will make every attempt to obtain verbal permission from you but note that I may need to provide information even without that level of consent.

If at some point you request a copy of your records, I strongly recommend that we review them together as they may contain material that upsetting or confusing. If I feel that viewing your records may be harmful to your wellbeing, I may provide you with a treatment summary. Requests for records must be made in writing.

***Communication between sessions:***

If you wish to contact me between sessions, please call me at 860-231-2208 (I get immediate notification of the call through email). I attempt to return phone calls quickly. You may also call or text me on my personal cell phone 203-241-7448 or email me at: [lbaird@laurabairdpsyd.com](mailto:lbaird@laurabairdpsyd.com) Please note that these methods are not HIPAA-compliant.

***Higher Levels of Care:***

Upon occasion, I may feel that weekly therapy is not sufficient in addressing the needs of my clients and may therefore recommend a higher level of care. This may include a partial hospital program or intensive outpatient program. These types of programs offer more frequent, intensive treatment that can be a very effective treatment modality. If your symptoms are severe, I may recommend inpatient hospitalization. Please know that I do not recommend a higher level of care unless I feel that it is warranted. If I make this recommendation to you and you choose not to follow this recommendation, I may need to discontinue outpatient treatment.

***Clinical Emergencies:***

If you are experiencing a clinical emergency, including thoughts of wanting to harm yourself or someone else, please call me at 203-241-7448. I will do my best to respond to you quickly, but you may also find it necessary to call 911 or proceed to your nearest emergency room.

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Client Name (please print)

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Client Signature Date