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INFORMED CONSENT AND PSYCHOLOGICAL SERVICES AGREEMENT

Welcome to my practice. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. In order for our professional relationship to be effective in meeting your needs and goals, it is important to begin with clear understanding of expectations. The following information will help you to understand my services, approach to treatment, office policies, and the legal and ethical guidelines that affect psychotherapy confidentiality in the state of Ohio. This consent will also provide a clear framework for our work together. If you have questions after reading all pages of this form, please discuss them with me, as it is important that you feel empowered and actively involved in your treatment from the very beginning. By initialing and signing this form, you are indicating that you have read and understand the information and policies contained in this document. _____
(Your initials)

CONFIDENTIALITY

State and federal laws are in place to protect the identity of clients in treatment and information they share with their psychologist. In the vast majority of situations, I can only release information about your treatment with others when you provide written authorization for me to do so. However, there are some exceptions as indicated below, in which Ohio law permits or requires me to release information even without a client's consent and to notify the appropriate parties to ensure your own or another's safety. _____

LEGAL EXCEPTIONS TO CONFIDENTIALITY

- In cases where a therapist has reason to believe that a person may be in imminent danger of harming her/himself or others, that therapist must take appropriate action to prevent that harm. This means contacting police or health/mental health personnel to ensure safety. _____
- The state of Ohio mandates that any person who knows or suspects that a child, an elderly person, or a disabled person is in danger of being physically, emotionally, financially, or sexually abused must report such abuse or suspected abuse to the proper authorities. _____
- Regarding domestic violence, the state of Ohio mandates that I "note that knowledge or belief and the basis for it in the patient's or client's records." In addition, I need to report to law enforcement "gunshot or stab wound treated or observed by the person, or any serious physical harm to persons that the person knows or has reasonable cause to believe resulted from an offense of violence." _____
- Information regarding treatment may be released in situations where an ethical complaint or lawsuit is filed by a client against the psychologist. _____

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order. _____

PSYCHOLOGICAL SERVICES

“Psychotherapy” refers to “talk” therapy that focuses on helping people of all ages live happier, healthier, and more productive lives through changing behaviors, thought processes, emotions, and ways of interacting with others. Therapy can be helpful to address particular symptoms (e.g., depression, anxiety, eating habits), or for concerns related to important relationships, difficult or oppressive circumstances, life transitions, traumatic events, or losses. Therapy is a collaborative treatment based on the relationship between an individual (or couple) and a psychologist. A psychologist provides a supportive environment that allows you to talk openly with someone who is objective, neutral, and nonjudgmental. In psychotherapy, psychologists apply research-based techniques to help people develop more effective habits. The treatment I provide is individualized according to your goals and my assessment of your situation. In my practice, outpatient therapy in my office is the sole type of treatment provided, which means I agree to work with clients whom I believe can benefit from weekly or bi-weekly sessions. As treatment progresses, it is common to schedule sessions less frequently. You are invited and encouraged to ask questions about your treatment, goals, and outcomes. _____

The first session will involve a comprehensive assessment phase. In individual therapy this will involve a comprehensive evaluation that last 60 min. In couples therapy, I conduct several assessment session including one joint interview, provide both partners with some relationship questionnaires (to take home and complete), and two individual interviews (1 per partner). After the assessment phase, I will be able to provide you with a comprehensive feedback session in which I am able to offer you some initial impressions of the major concerns and an initial treatment plan or approach that would be most helpful for your current needs and stated goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I am eager to discuss them with you, as well as help you set up a meeting with another mental health professional for a second opinion. _____

POTENTIAL BENEFITS AND RISKS OF TREATMENT

Psychotherapy has both benefits and risks, and as with other forms of healthcare, there are no guarantees about what will happen. However, research and clinical experience suggest that the “good fit” and quality of the therapy relationship, the effort invested by the client, and the client’s readiness to change are influential to treatment success.

Therapy often leads to 1) significant reduction in symptoms and feelings of distress; 2) increased skills for managing stress; 3) greater self-awareness, self-acceptance, and insight; 4) improved functioning at home, work, and/or in relationships; and 5) greater enjoyment and appreciation for life, overall. In addition to the gains and positive outcomes that are

associated with therapy, some risks and side-effects are possible. Addressing issues and concerns during session may cause:

- 1) 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 or your relationship;
- 2) especially in the beginning, you may find that the energy it takes to focus on treatment may make it harder to concentrate on other things as much as you would like or prefer;
- 3) emotions may feel more “raw” or at the surface, and maybe more difficult to contain at times;
- 4) you may see things in a new or different way, and this may be confusing for a period of time; and
- 5) relationships may be impacted as you make changes or examine interpersonal issues.

To get the best experience of psychotherapy, a very active effort is required on your part. In order to be most successful, you will have to work on things we discuss outside of sessions (alone or as a couple). _____

OFFICE POLICIES

The following policies and guidelines are provided to clarify expectations and enhance the ability for the treatment process to be satisfying and effective.

Office Hours and Phone Calls. My office is currently open by appointment only. I am often not immediately available by telephone. I do not answer my phone when I am with clients, when it is after-hours, or when I am otherwise unavailable. At these times, you may leave a non-urgent message on my confidential voice mail; voice messages are checked between 9am and 4 pm, Monday through Friday. Your call will be returned as soon as possible on the next business day; calls made after 4 pm on Friday or over the weekend or holidays will be returned on Monday. Please note that it may take a day or two for non-urgent matters. If you are difficult to reach, please inform me of some times when you will be available. Phone calls with established clients outside of session that exceed 10 minutes may be charged at a portion of the hourly rate. See Professional Fees and Payment section below. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. _____

Appointments. Therapy sessions will ordinarily be 50 minutes in duration, once per week or every-other-week at a time we agree on, although some sessions may be more or less frequent as needed. The time schedule for your appointment is assigned to you and to you alone. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time and the full fee will be charged. _____

Professional Fees and Payment. I charge \$200 for the initial assessment appointment. The fee for the individual session is \$200 per session. The fee for a couples therapy session is \$200 per session. Payment is due at the time of the appointment, by either cash or credit care. Personal checks are not accepted. If you choose to pay by credit card, you are agreeing here to authorizing charges to be processed via Square or IvyPay. In addition to weekly appointments,

it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as telephone conversations that last longer than 10 minutes, report writing, 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 become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$500 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of \$2 per page for records requests. _____

If unusual circumstances arise and you will not be able to pay for a session, please notify me ahead of the session time so we can discuss your options. 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. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due. _____

Insurance. Due to the rising costs of health care, insurance benefits have increasingly become more complex. I have a self-pay practice, which means that I choose not to participate directly with insurance companies or serve on any preferred provider panels. However, I can 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. If you prefer to use a participating provider, I can assist you in finding referrals. _____

Cancellation Policy. Please provide 24-hours notice if you must cancel a session, in order to avoid being charged for the missed appointment. If you are unable to keep your appointment, please email me (Dr.OctavianaHemmy@gmail.com) or leave a message on my voicemail at (513) 273-0450. If you miss a session without canceling, or cancel with less than 24-hours notice, my policy is to collect the full amount of the session. If it is possible, I will try to find another time to reschedule the appointment, but cannot make any guarantees about my ability to do so. _____

Emergency Procedures. If you are experiencing a life-threatening emergency, you should call 911 or go immediately to your nearest emergency room, preferably driven or escorted by a family member or friend.

Other emergency numbers are:

- The National Suicide Prevention Lifeline: 1800-273- TALK (8255)
- National Sexual Assault Hotline: 1800-656-HOPE (4673)

As mentioned above, I do not identify as a crisis therapist, and thus my hours of availability are limited by appointment only. If you are experiencing an urgent situation, but not an

emergency, and would like to speak with me sooner than your next scheduled appointment, please leave a detailed message on my voicemail **(513) 273-0450** and I will get back with you as soon as possible by the next business day. _____

Current Contact Information. Please provide me with your most current address and phone numbers at all times, so that you may be reached in the case of an emergency or a last-minute schedule change. _____

Active Participation. In order for therapy to be effective, it is important for you to take an active role. Participation involves being honest with me, discussing concerns openly, completing outside reading or assignments when requested, following through on recommendations or discussing any reservations about them, completing recommended tests or assessments, and providing feedback about the therapy process and whether you are making progress toward your goals. If you feel you are not making progress toward your goals as desired or expected, or therapy is otherwise not meeting your expectations, I encourage and expect you to discuss this directly with me. _____

What you can Expect from Me. You can expect me to respect you and your time by being attentive to you during session, minimizing outside interruptions, demonstrating awareness of and sensitivity to individual differences and special needs, providing you with the most effective care that I am capable of, keeping appointments as scheduled, and attempting to contact you with as much notice as possible if a change in time is necessary. You can expect an open, honest, and transparent communication from me. 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 ask questions about any aspects of therapy and about my specific training and experience. _____

Professional Records. I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in my home office or in my professional office in a locked box. If transporting documents between offices, I keep them secure in a password protected computer. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis (if one is assigned), 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 involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting for 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. Please note that fees are associated with record requests. _____

Alternative and Additional Forms of Treatment: If I believe that another form of treatment or a higher level of care could be beneficial or is necessary in addition to, or instead of, the type of treatment provided in my practice, I will discuss with you. Additional forms of treatment may include psychiatric evaluation and/or treatment, nutrition therapy, psychological assessment, neuropsychological assessment, career assessment/counseling, or medical consultation. Higher levels of care include intensive outpatient therapy, partial hospitalization, in-patient hospitalization, substance abuse treatment, or residential care.

Avoidance of Dual Relationships: Because we will be forming a professional therapeutic relationship, I will not engage in any other type of relationship with you (i.e., social, friendship, romantic, business). Our contact with each other will only take place within my professional office. In the rare or unexpected occasion in which our paths might cross outside of my office, my general practice is not to acknowledge or speak with clients unless they approach or speak to me first, in order to protect confidentiality. _____

Professional Consultation. I participate in professional consultations with other licensed psychologists on a routine basis, during which times your case may be discussed. We do not discuss clients by name during these consultations. However, in the event that I am on vacation or out of the office for an extended period of time, these colleagues may provide emergency clinical coverage and you will be encouraged to contact them if needed during my absence. At such times, your first name, last name, and a brief summary of your case may be shared with them if your case is determined to be urgent or at risk. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together. _____

Frequent Missed Appointments and/or Late Arrivals. A pattern of late arrivals or frequently missed appointments compromises treatment. Review Appointment and Cancellation policies above regarding fees for missed appointments and late arrivals. I ask that you respect both your time and mine by arriving a few minutes before your session to allow you time to “shift gears” and focus on your goals/needs for the session. Please understand that on rare occasions, you may be kept waiting or even asked to reschedule your appointment if I am addressing an emergency situation with another client, and know that if you experience a similar urgent situation, the same time and care will be given to you. If you no show for three consecutive appointment or fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. _____

Termination. Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another

therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. _____

Email Communication. Email contact is limited to initial inquiries (before you are an established client) or other administrative purposes (with your permission) through my email address. Since it is difficult to ensure the privacy of electronic communication, I limit my communication with clients via email to the topic of scheduling. Please be aware that any email sent to me will become part of your permanent clinical file. _____

Text Messaging. Because text messaging is a non-secure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements (ex. Scheduling). _____

Social Media. I do not communicate with, or contact, any of my clients through social media platforms like Instagram and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental. _____

Websites. I have a website that you are free to access <www.drhemmy.com>. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions. _____

Web searches. I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together. _____

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I understand and had the opportunity to ask questions regarding all of the above information. Dr. Hemmy Asamsama has discussed the benefits, risks, and alternatives to the treatment recommended. I have the right to accept or reject all or part of any treatment plan prescribed for me. My signature indicates that I have been informed about the treatment prescribed for me and that I give my consent to participate in psychological consultation, assessment, and/or therapy with Dr. Octaviana Hemmy Asamsama, Licensed Clinical Psychologist and I agree to observe the policies listed on this form.

Client's Full Legal Name (Printed)

Signature of Client

Date

Client's Full Legal Name (Printed)

Signature of Client

Date