WELCOME TO OUR PRACTICE

This is a statement about our policies, about psychotherapy, and about our working relationship with you. Please read and sign it, indicating your *informed consent* to proceed as our client. If you are uncertain about the purpose or content of this statement, please wait to sign until after discussion with your psychotherapist. This agreement can be revoked by you at any time but this must be done in writing.

A parent or legal guardian must sign for a client below 18 years old.

PSYCHOTHERAPY

Although psychotherapy is generally effective in about 75% of cases, it is not always helpful and can occasionally result in deterioration rather than improvement. It may involve remembering or sharing unpleasant events and can arouse intense feelings, including fear and anger. Feelings such as anxiety, depression, and frustration may be experienced. Of course, feelings of hope, relief, energy, power, self-acceptance, and well-being may also occur. Psychotherapy is generally more effective the longer one participates in it.

There are numerous forms of psychotherapy, varying not only in underlying theory and methods, but in time commitment, frequency, and cost. Research has failed to demonstrate that any one form of psychotherapy is consistently superior. Depending on one's condition, there may be alternatives or helpful adjuncts to psychotherapy, such as behavior modification, classes, or medication.

Psychotherapists use their training and experience to offer suggestions, feedback, interpretations, exercises, coaching, homework, information, and their own views and reactions. They have values and biases, and you can ask about these. Therapists themselves cannot solve your problems or make your choices, and they will not tell you what to do about major decisions. Our staff cannot prescribe medications, but can help you identify physicians who can. Generally, therapists cannot ethically participate with you in another role outside the office. Therapists are licensed by a state board; any complaints should first be taken up with your therapist, then directed to the appropriate board (your therapist or our receptionist will give you the address). Therapists attempt to serve you and help you meet your needs; they do not use your sessions to meet their needs. It is always appropriate to ask your therapist questions and to speak up when confused or uncomfortable. Effective psychotherapy is a team effort.

Ask your therapist about the type of therapy to be provided and the anticipated number of sessions.

STAFF CREDENTIALS

Our staff are licensed and have advanced graduate degrees. Please ask your therapist about his/her credentials, training, and experience, as well as about preferred treatment approaches and areas of specialization and competence.

THERAPIST CONTACT AND SCHEDULING

Therapy is offered by appointment only; appointments are typically 45 to 50 minutes long. Scheduling is done through our receptionist. Ask to be put on a waiting list if a suitable appointment is not available, and feel free to call again if your needs change. After hours calls are taken by our 24-hour answering service; if you need to speak to a therapist after hours, you must tell the service your call is urgent. Therapists may charge for calls exceeding ten minutes in length.

You may be charged for scheduled appointments that are missed that are not canceled with 24 hours' notice. This charge will be at the therapist's full, non-managed-care rate and cannot be reimbursed by insurance coverage or covered by a co-pay. No one other than you can call to check on your appointments.

FEES, BILLING, AND INSURANCE

Fees are established between you and your therapist. If you are a managed care insuree, therapist fees and your co-pay are set in the therapist's managed care contract. You are responsible for the fee (or for your co-pay if under managed care); we will file your insurance and send you a statement monthly. Your fee portion or co-pay is due at the time of service. Fees that are seriously delinquent after proper notification may result in referral of your account to a collection agency or legal action. Upon your request, a mutually agreeable payment plan can be negotiated <u>in advance</u> of services.

It is your responsibility to see that your insurance coverage is pre-certified, to check whether your therapist is a covered provider under your insurance plan, and to know the details of your insurance coverage, such as extent, limitations, and exclusions.

RECORDS AND CONFIDENTIALITY

No one can see or receive your records without your written permission, with the exception of (1) insurance filings (including diagnosis, dates and types of treatment), (2) managed care requests for additional sessions (including diagnosis, description of problems and treatment, and prognosis), and (3) subpoenas for court or deposition. You will be informed about these exceptions in advance.

The content of your sessions is confidential; your privacy is protected, with the exceptions noted above, or when you request a release of information, or

- 1. If you threaten bodily harm to another individual (the therapist is required to notify that individual and take protective action)
- 2. If you threaten bodily harm to yourself (the therapist <u>may</u> need to inform family members, legal authorities, or health personnel)
- 3. If the therapist has probable cause to believe that a child is being or has been abused (the therapist is required by law to report to authorities)
- 4. If the therapist is following ethical steps to collect an overdue account balance
- 5. If the therapist is discussing your case in an ethical fashion with a professional associate (keeping your identity protected) for professional purposes (this will not be done with an associate with whom you are personally acquainted)
- 6. If the therapist learns of unprofessional conduct on the part of another licensed professional (the therapist <u>may</u> be required to inform the appropriate board)

TESTING AND EVALUATIONS

Your therapist may recommend psychological testing. This will carry a charge which the therapist will explain and which may or may not be covered by insurance. The goals and uses of the testing will be fully explained to your satisfaction. Test results can be interpreted to you, but the tests themselves cannot be released to anyone other than a licensed psychologist.

Evaluations performed by our staff are assumed to be voluntary on your part, even if you are referred by someone else for assessment. Conclusions, results, and reports will be released only to the parties authorized by you.

Ask the receptionist or your therapist if you have any questions about this agreement.	
I have read this policy states	ment, and having been informed to my satisfaction, I at and/or evaluation under the guidelines described.
NAME (Print)	DATE
SIGNATURE	
WITNESS	DATE