



INFORMED CONSENT FOR PSYCHOTHERAPY AND COUNSELING

This document contains important information about my professional services and business policies. We will carefully review this document together so that we can address any questions you might have. Signing this document represents an agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For psychotherapy to be most successful, you will have to work on things we talk about, both during our sessions and outside of therapy.

PSYCHOTHERAPY RISKS AND BENEFITS

Psychotherapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. If you experience severe depression, I may make a referral to a physician or psychiatrist, who will conduct a medication evaluation. As you learn, grow, and change, people in your life may not like this, and some may decide to disconnect from you.

On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Psychotherapy often leads to better relationships, significant reduction in feelings of distress, resolution of specific problems, increased skill for managing stress, and greater personal awareness and insight; however, there are no guarantees of what you will experience.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a therapist is protected by law, and I will disclose no information about you, or the fact that we are working together, without your written consent. If you wish to have information released, you will be required to sign a consent form. You may revoke your consent, in writing, at any time by contacting me. Your privacy is protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA).

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect. I will release information if:

- There is good reason to believe that you may harm yourself or another person(s).
- There is good reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability.
- If I receive a court order or subpoena to release information.
- Please note that in the case of minors, parents or legal guardians have access to their child's records, unless emancipated.

INITIAL SESSION(S) AND ONGOING WORK

The first one or two sessions will involve an assessment of your needs. By the end of the assessment, I will offer you some initial impressions of what our work will include and a plan of treatment to follow, if you decide to continue in therapy with me.

APPOINTMENTS

Psychotherapy sessions will typically be 50 minutes once per week or every other week, at a time we agree on. If you need to cancel or reschedule a session, please provide 24-hour notice. If you miss a session without canceling or cancel with less than a 24-hour notice, my policy is to collect the amount of your co-payment unless we both agree that you were not able to attend because of reasons beyond your control. If you are late, we will still end on time.

PROFESSIONAL FEES: MEDICAID

My fee is \$70.05 per individual therapy session.

My fee is \$116.44 per Psychosocial Evaluation.

PROFESSIONAL FEES: PRIVATE INSURANCE AND SELF-PAY

My fee is \$90 per individual therapy session.

My fee is \$120 per Psychosocial Evaluation.

BILLING, PAYMENTS, AND INSURANCE

Currently, I am a contracted provider with Maryland Medicaid and have agreed to a specified fee. I am not a contracted provider with any additional insurance companies at this time. If your insurance plan provides reimbursement for out-of-network providers, I can provide you with a statement, which you can submit to your insurance company to receive some insurance reimbursement, depending upon your benefits. You should be aware that insurance companies require that some clinical information is shared in order to reimburse for services. All insurance companies require a clinical diagnosis. Some may require additional information such as treatment plans or treatment summaries. In these instances, I will disclose the minimum amount of information required for the requested purpose. Please let me know if you have any questions or concerns. If you are not using insurance, you will be asked to pay at the time of your session. Payments must be made by cash or check.

Note that there is a fee associated with other professional services that you may require: report writing, phone conversations that last more than 10 minutes, attendance at meetings or consultations you request, court appearance, time to perform any other requested service.

PROFESSIONAL RECORDS

I am required to maintain appropriate records for psychotherapy service that I provide. I maintain brief records of each session, noting the dates we met, and the topics we covered. Your record also includes your diagnoses, medical, social, and treatment history, and records that I receive from other providers. My records are kept private, in accordance with HIPPA requirements.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, you may leave a message on my confidential voicemail, and I will call you back as soon as possible, but it may take a day or two for non-urgent matters. ***If you are experiencing a psychiatric emergency, please call 911 or call Baltimore Crisis Response at 410.433.5175 instead of waiting for me to return your call.***

MY SOCIAL MEDIA POLICY

Because of the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social media site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. If you have questions about this, we can talk more about it when we meet.

ENDING THERAPY WELL

I want your therapy to be as meaningful and successful as possible, and I am here to support you in reaching your treatment goals. I may choose to terminate therapy if I find that I am no longer able to be helpful to you. If you fail to keep your standing appointment for two consecutive weeks without calling to cancel or reschedule, I will assume that you no longer wish to receive services and will send you a notice of termination. If you decide to terminate therapy, I will honor your decision, as you have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I recommend that you participate in at least one termination session to allow you to have an experience of leaving well. Termination sessions are intended to give both of us an opportunity to reflect on the work that has been done and to provide a sense of completion. In anticipation of termination, I will attempt to ensure a smooth transition and will offer referrals to other treatment providers/resources consistent with your needs or preference.

Your signature below indicates that you have read (or have had read to you) and understand the information in this document and voluntarily give your consent to treatment.

Signature of Client/Guardian

Date

If the client is a minor or unable to sign please complete the following:

Client is a minor: _____ years of age

Client is unable to sign because: _____

Signature of Authorized Representative: _____

Date: _____

Print Name of Authorized Representative: _____

Authority of representative to sign on behalf of the client:

Parent Legal Guardian Court Order Other: _____