CLIENT INFORMATION AND OFFICE POLICY STATEMENT

COLLINS' PSYCHOLOGICAL THERAPY & CONSULTING, Inc.
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INFORMED CONSENT

New Client: Welcome!
Thank you for choosing psychotherapy services to support your health and wellbeing. This is an opportunity to acquaint you with information relevant to my psychological evaluation/ treatment, confidentiality and office policies. I would also be happy to answer any questions you have regarding these policies.

I. Process, Benefits and Risks of Psychotherapy

Your participation in psychotherapy can result in a number of benefits to you including a better understanding of your strengths and problem areas and increased clarity about the focus of psychological treatment. During the treatment process I may ask you to complete questionnaires and discuss personal information about yourself. This type of discussion may result in some discomfort that can be experienced as a result of disclosing personal information or remembering and talking about unpleasant events, feelings or thoughts. This discussion may evoke strong feelings of anger, sadness, worry etc. and I will discuss these feelings with you if they should arise.

Psychological treatment may result in a number of benefits for you including reducing or getting rid of psychological and physical symptoms, improving interpersonal relationships, and addressing the specific concerns that relate to why you are in need of psychotherapy. Benefits may also include increased comfort in social and family settings as well as increased communication skills, decreased negative ideation, decreased self-defeating behaviors, improved health, energy and improved confidence as well as ability to seek personal goals.

Psychotherapy requires your active involvement, honesty and openness in order to change thoughts, feelings and behaviors. I will ask you about your views of the therapy process and progress and expect you to answer openly and honestly. Similar to the assessment process discomfort can be experienced by remembering or talking about unpleasant events, feelings or thoughts which can evoke strong feelings. I will discuss these feelings with you and may challenge your assumptions and perceptions and propose different ways of looking at or handling specific situations that may be problematic.

II. Appointments:

Appointments are usually scheduled for 50 minutes. If you are utilizing insurance benefits to pay for therapy there are a number of documentation requirements that I will have for each session that will need to be completed during the last 10 minutes of your therapy session. Therefore, I will ask your help to end promptly at 50 minutes so

that I can complete the required documentation. In addition, there will be intermittent case reviews with your insurance company that I will need to complete to gain authorization for additional treatment. When these reviews are required I will need to complete the review during your therapy sessions, usually during the first 15 minutes of your session. I will inform you when this will occur so that you can anticipate when your session will start a little later than usual.

The hours of my practice are typically from 8:30 a.m. until 7:30 p.m. Monday through Friday. Patients are seen weekly or more/less frequently as acuity dictates or you and I agree. You may discontinue treatment at any time, but I encourage you to discuss this decision with me so that you and I can have a final session to accomplish closure on our work together.

In the event of an emergency, I can be reached by leaving a message on the voice mailbox of my office telephone at 858-536-8985. If you are unable to reach me call your primary care physician, the local emergency room, or 911. I also can provide you with a telephone number for the local crisis hotline, if needed. I have an email address at drlindac@cox.net where you can contact me for routine questions or requests.

III. Confidentiality

Issues discussed by you in therapy are important and are generally legally protected and considered confidential and “privileged”. However, there are also specific limits to the privilege of confidentiality. These situations include: 1) suspected abuse or neglect of a child, elderly person or a disabled person, 2) when I believe that you are a danger to yourself or to another person, 3) if you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities, 4) if I am ordered by the court to release information as part of a legal involvement in company litigation, etc., 5) when your insurance company is involved, e.g filing a claim, insurance audits, case reviews or appeals, etc., 6) in natural disasters whereby protected records may become exposed or 7” when otherwise required by law. You may be asked to sign a Release of Information so that I may speak with other mental health professionals or to family members.

You will be given a full Privacy Practices Statement related to your treatment to sign so that you will understand your rights to confidentiality and understand my privacy practices.

IV. Record Keeping:

A clinical chart is maintained describing your condition, treatment, progress in treatment, dates and fees for psychotherapy sessions and notes describing assessment results or each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are locked and kept on site.

V. Fees:

My full fee for the initial visit for a single patient or couple is $160.00 per hour. However, if you are using insurance reimbursement I have agreed to accept the

established fee of your insurance company plus your established copay. Each 45-50 minute session thereafter is $140 per hour full fee per individual therapy/psychological evaluation session and $150 for each 45-50 minute session for couple therapy or the established fee of your insurance company.

VI. Payments:

Payment is due at the time of the session unless other arrangements have been made. If you are utilizing insurance benefits to pay for therapy and work with an HMO I will bill your insurance company for your sessions. However, you are responsible to know what your insurance copay is and pay this at the time of the evaluation/therapy session. If for any reason your insurance company does not reimburse your sessions you will be responsible to pay for the session. In addition, if your insurance company is a PPO insurance plan I will provide you with a Super Bill to present to your insurance company for reimbursement. You will need to pay the fee at the time of the session and be reimbursed directly from your insurance company unless other arrangements are discussed.

VII. Cancellations and Missed Appointments:

It is requested that you provide me with 24 hours notice for cancellation. You may leave messages 24 hours per day at 858-536-8985. You will be responsible for payment of missed appointments if 24 hours notice is not given. If you utilize insurance benefits payment will include your copayment and the amount that is typically reimbursed by your insurance company.

VIII. Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your son/daughter's treatment with me or any office policy please discuss it with me as soon as possible. If you do not feel the complaint has been resolved, you may inform your insurance carrier and file a complaint if you so choose.

IX. Consent for Treatment:

By signing below, you are stating that you have read and understand this policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, to participate in evaluation or treatment. I understand that I may withdraw from treatment at any time.

I acknowledge receipt of this notice.

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Name (Print)

____ ____________________
Signature Date