

**INFORMED CONSENT FOR PSYCHOTHERAPY AND EVALUATION**

Welcome to Frederick Psychology Center. We strive to meet your expectation of personal, caring practice. To that end, we want to provide you with all necessary information about our therapeutic approach and business operations. This handout is designed to provide such information. Please read it carefully and feel free to ask any questions. At the end of the document, we ask for your signature to verify that you understand and agree with the information.

**Psychological Treatment and Referrals:**

Psychotherapy is a collaborative process that depends on your active involvement in the treatment process. Please feel free to ask any questions about the process of therapy or to discuss how the therapy is progressing. If at any time either of us believes that you would be better served by another professional, we can discuss the issues. A list of other qualified professionals is available upon request.

**Scheduling and Cancellations:**

Your appointment is time reserved for you. We make every effort to start on time and end on time for your convenience and the convenience of the next patient. A typical psychotherapy or intake appointment lasts 45 minutes. A longer appointment may be scheduled if we both agree it would be beneficial, but be aware that insurance companies generally pay for one 45 minute appointment per day.

If you need to cancel an appointment, please give at least 24 hours notice. You may be billed for your appointment if you cancel with less than 24 hours notice or if you miss an appointment without calling and leaving a message. Please note that insurance companies will not reimburse for these appointments.

**Payment:**

Payment is due at the time of service. For your convenience, we accept cash, personal checks, or credit cards. We ask that you submit your own insurance claim so that reimbursement will be mailed back to you. If your insurance company assigns benefits to us, we will return the payment to the insurance company. Please note that we charge a \$35 processing fee if your personal check is returned for insufficient funds. Also note that failure to settle any outstanding balance may lead to your account being sent to a collection agency. You will be responsible for any collection and/or legal costs we incur during the collection process.

In addition to scheduled appointments and services, charges will be assessed for review of documents, emails, or other material sent to the clinician. If you become involved in legal

matters that require your provider's participation, you will be required to pay for the provider's professional time even if your provider is called to testify by another party. Due to the complexity of legal involvement, the charge for preparation and attendance at any legal proceeding is \$300/hr, billed in 15 minute increments.

### **After Hours and Emergency On-Call Services:**

The providers at FPC do not answer telephone calls while providing services to a patient. Therefore, we are typically not immediately available by telephone. Phone calls are answered by voicemail that is checked regularly Monday through Thursday during normal business hours, and Fridays from 9:00 am - 12:00 pm. Calls are normally returned by the end of the next business day. If you do not receive a return call, it is likely that we did not receive your message, we could not understand the message clearly, or there was no voice mailbox available. If your call is being returned from a location other than our office, or after hours, it may be returned from an unidentified number. If you do not accept calls from blocked numbers, we may not be able to return your call as quickly. We do not communicate using text messaging.

Your signature below authorizes your provider to leave messages on your voicemail at home, your cell phone voicemail, and/or to contact you via email. Please be advised that information transmitted on a cell phone or email is at risk for third party interception.

Frederick Psychology Center operates during normal business hours, and does not provide 24 hour on-call service or emergency care. An emergency is a life-threatening or extremely serious situation that requires immediate attention. **If you have an emergency, you should go to the nearest hospital or emergency room, or call 911.**

Occasionally an issue may arise that needs to be discussed between appointments. If the issue can be discussed briefly over the phone (approximately 5 minutes), there is no charge. If the issue requires more time, we will schedule an appointment or continue the phone discussion with the stated understanding that you will be charged for the time.

### **Confidentiality:**

In nearly all instances, the law protects the confidentiality of communications between a patient and a psychologist. Our discussions, records of our discussions, and any evaluation data remain between us unless you sign a written release of information that allows me to share the information with someone else. There are exceptions to this policy, however, as listed below:

1. In most judicial proceedings, I am not allowed to testify without your consent. However, a judge may require my testimony or the release of records in child custody proceedings, adoption proceedings, and proceedings in which your emotional condition is an important element (e.g., an insanity plea). If you choose to include your mental or emotional status as part of any litigation, you waive your privilege of confidentiality.

2. If your evaluation or treatment is part of a Court Order, then I may be required to discuss your

case with the Court or attorneys related to the case. This may involve submitting written reports as well. Your consent is not necessary if the Court orders the evaluation or orders the release of evaluation/treatment information. I will not provide you with a copy of any written report that I submit to the Court, an attorney or an agency. Such materials will be sent directly to the relevant Court/attorney/agency even if you are paying my fees.

3. If I suspect the abuse or neglect of a minor child or infirm elder, I am required both legally and ethically to file a report to the appropriate agency.

4. If I have reason to believe that your life is at risk or you are threatening the life of another person, I have the legal and ethical responsibility to take protective action which may include informing family members, seeking hospitalization, notifying the police, or warning an intended victim.

5. There may be an occasion when it is helpful or necessary to consult with another professional about your case. Your identity will not be revealed without your written consent. In addition, the consultant is also legally bound to maintain confidentiality.

6. If your bill is submitted to your insurance company for reimbursement, I am required to provide the insurer with a clinical diagnosis and, sometimes, a treatment plan or summary.

7. For patients under the age of 18, I maintain confidentiality about the specific issues we discuss in therapy. Parents, however, have the right to receive information on the progress of the treatment. Assurances of safety also apply, as noted in #3 and #4 above.

8. In group, family, and marital therapy, all participants are required to give their consent before any identifying information about the treatment can be released to an outside party. One marital partner may not waive confidentiality for another. In addition, individual sessions occasionally occur during the course of group, family, or marital therapy. In group therapy, information from individual sessions is considered confidential and will not be shared by the therapist with the group without written authorization. In marital therapy, such information is not considered confidential and may, at the therapist's discretion, be shared with the other spouse. In family therapy, information received from one parent is not confidential with regard to the other parent and may be shared with the other parent at the therapist's discretion. The decision for sharing such information with the minor children in family therapy will be made by the therapist based on the clinical situation and the needs of everyone concerned. Information obtained from the children themselves in separate sessions will be divulged to parents only at the therapist's discretion. As always, a Court Order regarding confidentiality will always take precedence.

9. If you are under eighteen years of age, the law may provide your parents or guardians the right to access your treatment records. It is our policy to request an agreement of modified consent from parents/guardians when treatment begins. If they agree, they will be provided with general information about our work together that your provider determines is appropriate or necessary. Your provider will also notify them of my concern if there is a high risk that you will seriously harm yourself or someone else. Parents/guardians will be provided with a verbal summary of

your treatment upon termination of treatment. However, before providing such information, the matter will be discussed with you. Your provider will make the final determination as to what information will be shared with parents and/or guardians.

10. FPC policy discourages the use of electronic communications containing personal or confidential information, including emails. While the practice makes a reasonable effort to maintain a secure computer network, such security is never absolutely guaranteed. The decision to reply electronically to electronic communications you submit to your clinician or FPC will be at the discretion of your clinician.

### **Records:**

State law and HIPAA regulations require that FPC maintains a record of your treatment for a certain period of time after the last entry in your record. Adult patient records must be retained for six (6) years after the last session. Minor patient records must be retained to the age of majority plus three (3) years or for five (5) years after the record is made, whichever is later. To release a copy of the records, your written consent or the written consent of a legal guardian is required. You will be charged the usual and customary fee for preparing such records. The fee must be paid before the records are released.

### **Written Summaries or Letters:**

On occasion, your provider may be asked to provide a treatment summary or a treatment-related letter to an agency, school, employer, attorney, or health care professional. In this case, your provider will charge the hourly fee adjusted to the quarter hour and require payment in advance before sending the report or letter.

### **Insurance Reimbursement:**

FPC is an out-of-network, fee-for-service practice. This means that you are responsible for payment of all fees. Some insurance plans provide out of network benefits for psychological services, which entitle patients to obtain reimbursement for a percentage of amounts paid. It is your responsibility to determine this. You may request a superbill at the end of the month, to include procedure and diagnostic codes that you may submit to your insurance company. You will be responsible for submitting insurance claims and monitoring authorizations.

### **Social Media Policy:**

FPC does not use messaging on social networking sites such as Instagram, Facebook, or LinkedIn to communicate with patients. Please do not engage with your provider publicly online if a patient-therapist relationship has been established, as this may compromise your confidentiality. Your provider will not accept friend or contact requests from current or former clients on any social networking sites regardless of how much time has passed since your last contact with the provider. FPC providers may post professional information on social media, blogs, or websites, with no expectation that you will follow such information.