

_____ (Provider Name)
**Information and
Informed Consent Agreement**

Welcome to my office. I am pleased to have the opportunity to work with you. The following information is to help you get started with our work together and answer some questions you may have. Please feel free to discuss any of this information or any other questions you may have when we meet.

What is Psychotherapy?

Psychotherapy is a process used to help people work through personal problems, improve relationships, get help with mental health difficulties and learn more about themselves. It is an interactive process whereby people receive support to help them examine and change areas of their lives that may be interfering with their happiness or well-being. There are many different styles and philosophies of psychotherapy and not all of them may be right for you. The first session with a new therapist is often a good time not only to discuss your problems but also to evaluate whether you feel that he or she is a “good fit” with your style and has the experience and expertise to help with your concerns. Ask questions about your therapist’s background and training. If you decide that you would feel comfortable working with this therapist, great! If you aren’t sure or would like to try someone else, ask the therapist for help in getting a referral.

In Case of Emergency

If you need to contact me, please call my voice mail at (781) 431-1177 ext.(). I check my messages frequently and will return your call as soon as possible. If your call is urgent, after you reach my voice mailbox and leave your message and phone number, on your key pad push # key and then 7, which will mark your message as “Urgent” and automatically page me. You must leave your name and phone number in order for me to call you back as I do not always have patient phone numbers with me. I will call you back as soon as I can. In a medical emergency, you should call 911 or go directly to your local emergency room.

Professional Fees

My hourly fee is \$_____. In addition to scheduled therapy appointments, I charge \$_____ for other professional services you/child may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations, lasting longer than ___minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. In legal proceedings I bill for the professional time spent out of the office because I am often required to cancel office hours for the day. _____

(initial please)

Billing and Payment of Fees

Payment is expected at the time of your appointment unless other arrangements have been discussed and agreed upon in advance. Your treatment may be reimbursed by your health insurance company. It is important that you familiarize yourself with your mental health benefits since many plans differ. You are responsible for any deductible, co-payment or balance applicable to your individual policy and for full payment of sessions after your

coverage expires. Subscribers of some commercial insurance companies are expected to pay me directly and you will receive an outpatient receipt to submit to your insurance company, which will forward payments directly to you. If you are a subscriber of Blue Shield or a managed care company (HMO, PPO, EAP) I will directly bill your insurance company and you will be responsible for your co-payment at the time of your appointment.

(Initial please)

Appointments and Cancellations

Your appointment time is reserved; therefore, you will be charged \$_____ for appointments canceled without 48 hours notice. Please keep in mind that insurance companies do not reimburse for missed appointments. Multiple broken appointments may result in termination. If you decide that less frequent appointments are suited to your schedule, I will make every attempt to accommodate your needs.

(Initial please)

Client Records and Confidentiality

Patients are assured of confidentiality, which is protected by ethical practice and law. In general, the law states that all communications between a licensed practitioner and his/her patients are confidential. Also, any information that is shared for any reason requires your consent. You should be aware however, of the following exceptions to the professional responsibility for maintaining confidentiality and your rights for authorization and notification.

Regarding Confidentiality:

- If a judge orders the release of certain records in a court case.
- If your insurance company is reimbursing your treatment, they have the right to know your working diagnosis (as outlined in the Diagnostic and Statistical Manual of Mental Disorders – DSM –IV), dates of service and certain other information in order to approve the payment of benefits;
- If I have reason to suspect that a child or elderly person is being abused or neglected, I am legally obligated to report this information to the appropriate authority;
- In circumstances in which, to the best of my professional judgment, I believe that you may be a danger to yourself or another person;
- If you were to make your mental health an issue in a court case;
- If your account is overdue and arrangements for payment have not been negotiated, a collection agency may be provided with dates of service, type of service and total amount due.
- I may occasionally consult about our work together with a colleague who is equally bound by the rules of confidentiality.
- When working with a couple, I will not release records or any other PHI to either member of the couple or to a third party without written permission from both members of the couple.

Regarding your Rights for Authorization and Notification:

- Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization.

- Other uses and disclosures not described in this Privacy Notice will be made only with authorization from you.
- You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for health care service.
- You have the right and will be notified following a breach of unsecured protected health information.

If you have any questions about any of this, please feel free to discuss them with me directly.

Termination

Termination of psychotherapy may be initiated by a client at any time. At the time of termination, at least one week notice is suggested so that a final session can be scheduled to explore the reasons for termination, summarize, say good-bye etc. This is often a constructive and useful process. Please feel free to ask any questions that you might have. I look forward to working with you.

I have read the above information sheet and understand and accept the policies and procedures that it describes.

Patient Signature _____ Date _____

Patient Signature #2 (for couple) _____ Date _____

Parent/Guardian Signature _____ Date _____

05/13/2015