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Informed Consent for Therapy Services PSYCHOLOGIST-CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first few sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide you with a referral to another mental health professional.

APPOINTMENTS

Appointments will typically be 55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect a \$40 no show fee. (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for canceled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. If it is determined that there is a pattern of repeated cancellations, you may lose any reserved standing slot and must then schedule from week to week. It is important to arrive on time to your appointments, I do not expect you to wait more than 15 minutes and I will not wait beyond that time either. After two no shows, you will be required to pay the no show fees prior to being placed back on the schedule. I have the right to discontinue counseling services as a result of your failure to keep your appointments consistently.

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PROFESSIONAL FEES

The standard fee for the initial intake is \$200.00 and each subsequent session is \$150.00 (55 minutes). You are responsible for paying **at the time of your session** unless prior arrangements have been made. Payments may be made by credit/debit cards (except American Express), check or cash. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. In addition, you agree to make timely payments, any payments that are late are subject to a late fee of \$5 per month. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment and you acknowledge that you will be responsible for any fees related to the collection of your debt (i.e., collection agency and attorney's fees).

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me.

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COUNSELING RESOURCES

I often employ the use of books/printed materials or CD's and DVD's to assist in the counseling process. Most of the time, I am able to lend the recommended resource to you. I ask that whatever resource is borrowed (e.g., books, printed material, CDs, DVDs) be returned upon request or when finished with the "assigned" reading/viewing. You agree to reimburse \$20 per resource for any materials that are lost, damaged, or failed to be returned within one week of the request to return them.

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COURT ACTION AND LEGAL FEES

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Clients are strongly discouraged from having me subpoenaed or having me provide records for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and, if qualified to do so by the court, my professional opinion. Asking a therapist to provide confidential records or testify can damage the trust built in a counseling relationship with a client especially if I am still seeing that client in therapy, it may mean the termination of counseling services, which will be determined on a case-by-case basis.

If the psychologist, Stacy Wright, PsyD, HSPP, is to receive a subpoena, then the attorney or office staff will need to call her office and set up a time for the subpoena to be served during office hours. She will request a minimum of 72 business hours notice of any Court appearance so that schedule changes for her clients can be made within a reasonable time frame.

Please note: If a subpoena or notice to meet attorney(s) is received without a minimum of 72 business hours notice, there will be an additional \$250 express charge.

When it comes to court action, the following fees are in effect:

1. Preparation Time (including submission of records): \$220/hour (billable in 15 minute increments)
2. Phone calls: \$220/hour (billable in 15 minute increments)
3. Depositions: \$250/hour
4. Time required in Giving Testimony: \$250/hour
5. Mileage: .56/mile
6. Time Away from office due to Depositions or Testimony: \$220/hour
7. All attorney fees and costs that are incurred by the therapist as a result of the legal action.
8. Filing document with the court: \$100
9. The minimum charge for a court appearance: \$1500

*A **retainer of \$1500** is due at least 72 business hours before the scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. If the therapist is subpoenaed and the case is reset with less than 72 business hours notice prior to the beginning of the day of the scheduled subpoena, trial, and/or testimony is not given, then the client will be charged \$500 (in addition to the original retainer of \$1500 for having to appear in court). All fees listed above are doubled if the therapist has priorly been scheduled to be out of town at the time of the court appearance.*

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INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract. I do not submit claims for secondary insurance carriers, unless your primary carrier is Medicare, in which case, Medicare crosses over the primary claim automatically to your secondary carrier.

If I am not a participating provider for your insurance plan, I will still attempt to submit a claim to your insurance company, as a courtesy, to collect payment. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will do my best to provide a referral to a colleague.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. A minimum of \$20 will be applied for labor costs for copies of medical records, thereafter a per page fee is applied according to the Indiana guidelines for the standard medical record fees.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your nearest emergency room or call 911 and speak to a mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. I do permit clients to use text messaging to communicate with me. Please understand that this is a privilege and not a right. Texting should *only* be used to communicate basic information, such as canceling appointments or to ask for more information (e.g., related to homework assignments, etc.). Do not use text messaging to communicate any type of emergency or for counseling issues. Counseling will not be provided via text. I will not respond to text messages that are past 5pm.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority: _____