

CONSENT FOR TREATMENT

Welcome to the Center for Mood Disorders Inc. 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.

THERAPEUTIC APPROACH: I, Jodi L. Olmstead, LMHC, am licensed in the State of Florida as a Licensed Mental Health Counselor (#MH12574) and hold a masters level degree (M.A.) in Psychological Counseling from Teachers College-Columbia University. I hold a bachelors degree (B.S.) in psychology from Central Michigan University.

I provide individual and family psychotherapy with a focus on mood disorders, anxiety disorders and trauma. I am also well-trained and qualified to address additional mental health issues such as ADHD and grief/loss. I am equipped to handle crisis intervention. I use various treatment modalities with a focus on understanding how your multicultural identities inform your values and beliefs in treatment.

Psychotherapy 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 psychotherapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

GOALS: There can be many goals for the psychotherapy relationship. Some of these will be long-term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for psychotherapy, they will be set by the clients according to what they want to work on in psychotherapy. The psychotherapist may make suggestions on how to reach that goal but you decide where you want to go.

Psychotherapy modalities utilized include Cognitive-Behavioral Therapy (CBT), Psychoanalytic, Strength-Focused Therapy, Gestalt, Person-Centered, Existential, Family Systems and Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). You have the right to understand how treatment methods are being utilized in your therapy sessions, and you may decline the use of any of these methods at any time.

RISKS/BENEFITS: Psychotherapy is an intensely personal process, which can bring unpleasant memories or emotions to the surface. There are no guarantees that psychotherapy will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. 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.

However, there are many benefits to psychotherapy. Psychotherapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

APPOINTMENTS: Appointments will ordinarily be 45-60 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 cancel your session with less than 24-hour notice, you may be required to pay a \$25.00 cancellation fee for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. If you miss a session without canceling, you will be responsible to pay the full fee of the session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. You will not be able to schedule an appointment if you owe more than \$75.00 in cancellation fees until all such fees have been paid. 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.

CONFIDENTIALITY: I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. I may consult with another professional psychotherapist in order to give you the best service. In the event that I consult with another psychotherapist, no identifying information such as your name would be released. Psychotherapists are required by law to release information when the client is in danger of harming themselves or others and in cases of abuse to children or the elderly. If I receive a court order or subpoena, I may be required by law to release some information. In such a case, I will consult with other professionals and limit the release to only what is necessary by law. Additionally, your insurance provider may request your clinical documents to determine eligibility for payments.

GROUP THERAPY: The nature of group psychotherapy makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that I cannot guarantee that other group members will maintain your confidentiality. However, I will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. I also have the right to remove any group member from the group should I discover that a group member has violated the confidentiality rule.

RECORD KEEPING: I may keep records of your psychotherapy sessions and a treatment plan, which includes goals for your psychotherapy. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information, which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically through an Electronic Health Records computer program (EHR), on an encrypted USB flash drive or in a paper file and stored in a locked cabinet in the psychotherapist's office. All records will be placed in the secure custody of another psychotherapist designated by the Center for Mood Disorders Inc in the event that I become inaccessible, incapacitated or meet untimely death. Please check with our office to procure the name of the designated alternate psychotherapist.

PROFESSIONAL FEES: You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, credit card or cash at the time of service. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

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. Fee Schedule:

Fees are non-negotiable and subject to change at psychotherapist's discretion.

Intake Session – \$200

Psychotherapy 45 minutes – \$100

Psychotherapy 60 minutes – \$125

Group therapy 90 to 120 minutes - \$60

INSURANCE: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, 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. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis from a publication called the DSM-V. Sometimes I have to provide additional clinical information, which will become part of the insurance company files. 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 psychotherapy 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 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.

If I am not a participating provider for your insurance plan, you will be responsible for paying for each session in full at the time of service. I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

COMPLAINTS: If you have a complaint about therapy, I hope you'll talk about it with me so that I can respond to your concerns. You may terminate therapy at any time.

CONTACTING THE THERAPIST: 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 you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911. When texting to my phone, please do not include clinical information. I have arranged for you to text clinical information via a secure and HIPAA compliant app for Smartphones and tablets called HipaaBridge, which you may voluntarily sign up to use

CONFIDENTIALITY AND TECHNOLOGY: Some clients may choose to use technology in their psychotherapy sessions. This includes but is not limited to online psychotherapy via Skype or HipaaBridge, telephone, email, text or chat. Due to the nature of online psychotherapy, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in psychotherapy sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your psychotherapy sessions. I have arranged to encrypt email communication with you through cfmd@mdofficemail.com. You will be required to create a user name and password in order to open such email.

CLIENT CONSENT TO THERAPY: As a client signing this agreement, you are agreeing to the following statement: "I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law, and have received a copy of HIPAA Regulations protecting my PHI. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I am free to terminate therapy at any time I wish."

Signature

Date

Signature of Therapist
Jodi L. Olmstead, LMHC
FL # MH 12574

Date