**Informed Consent, Confidentiality and Cancellation Policy**

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](http://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act) (HIPAA), a federal law that provides privacy protections and [patient rights](http://en.wikipedia.org/wiki/U.S._patients%27_bill_of_rights) about the use and disclosure of your [Protected Health Information](http://en.wikipedia.org/wiki/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.

**Confidentiality**

Contents of all therapy sessions are considered to be confidential. The therapist must maintain full confidentiality about therapy sessions. No information will be released to anyone without the patient’s written consent. The consent form is time limited and specific in terms of what can be released and to whom. The law protects the relationship between a patient and a psychotherapist, and information cannot be disclosed without written consent by the patient/parent/legal guardian. Exceptions include:

1. Suspected child abuse or dependant adult or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.
2. Disclosure of intentions or a plan to harm another person, the therapist is required to warn the intended victim and report this information to legal authorities.
3. In cases of disclosing or having an implied plan for suicide, the therapist is required to notify legal authorities and make reasonable attempts to notify the family of the client.
4. We are required to communicate to insurance companies, managed care companies and other related organizations involved in approving your services for reimbursement. These communications may occur by postal service, internet or by facsimile machine.
5. There are limitations to confidentiality in the event of a court order or subpoena. The laws governing these issues are very complex and your therapist is not an attorney. If you need legal advice, formal legal consultation would be recommended and encouraged.

**Risks/Benefits of Counseling**

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

There can be many goals for the counseling 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 counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

**Confidentiality and Technology**

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 counseling 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 counseling sessions and consultations.  Emailing is at the discretion of the therapist with respect to contact with a patient in between sessions. Patient has the right to refuse to divulge email address. Therapist may use email addresses to periodically check in with clients who have ended therapy suddenly. Therapist may also use email address to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques.

**Contact and Emergency**

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.

**Understanding of Insurance, Cancellation Policy, Fees and Consent to Services**

I realize that I have the following rights and obligations to:

1. Review my therapist’s credentials and experience
2. Be fully informed about costs, appointment times and confidentiality.
3. Be fully informed about the goals of my therapy and the methods used to reach those goals
4. Refuse treatment or testing at any time, unless there are legal reasons that prevent such action
5. Be fully informed that the therapist may not be subpoenaed for any court case regarding custody and divorce. If a subpoena to appear in court occurred concerning your circumstances, you will be charged the normal hourly evaluation rate for my time plus 20%, in addition to the cost of consulting an attorney and time spent researching and preparing testimony. These fees are not reimbursed by insurance and must be paid in advance and in full prior to any court appearance.

In addition to the above rights, I as a patient am obligated to:

1. **Keep all appointments on time**. If the need to cancel a session arises, ***24 hours notice*** must be given to the therapist. If you do not show up for your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session. In many cases, cancellation and no show charges are not reimbursable by insurance companies.
2. Payment or co-payment must be made at the time of the therapy session. Cash, check and all major credit cards accepted for payment.
3. Services may be covered in full or in part by your health insurance or employee benefit plan. You are responsible for determining the details of your insurance program, and it is encouraged you carefully read the section in your insurance booklet which describes mental health services. The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how or when your mental health coverage will be available and at what level of reimbursement.
4. Any difficulties that are encountered in processing your insurance claim for any reason does not excuse your responsibility for the costs incurred by you for treatment. Except where otherwise restricted by the insurance plan, you have the option to pay directly and bill your insurance carrier yourself.
5. You are responsible for any out-of-network provider service fee that is not covered by insurance. A receipt of payment for insurances will be provided, which you can submit to your insurance company for reimbursement. Please note not all insurance companies reimburse for out-of-network providers.
6. Please check your coverage to verify:

* Do I have mental health insurance benefits?
* What is my deductible and has it been met?
* How many sessions per year does my health insurance cover?
* What is the coverage amount per therapy session?
* Is approval required from my primary care physician?

**Fee Schedule**

* Diagnostic evaluation (Intake) – $150
* Psychotherapy 45 minutes – $100
* Psychotherapy 55-60 minutes – $125
* Family psychotherapy with or without the patient present – $125
* No Shows/ late cancellations- full cost of session
* After Hrs. Telephone Therapy- $ 20.00 / each 10 min. – *you may be charged for a phone consultation; however there is no charge for calling to reschedule an appointment.*
* Reduced fee services are available on a limited basis.

**Signature Authorization**

I hereby authorize the provider to release to my insurance company or utilization review company any medical information including mental health, drug, alcohol, and/or HIV related records necessary to process this claim. I fully understand the nature of the authorization and that my records are protected under the applicable state law governing health care information that relates to mental health services and under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. I understand that this consent is subject to revocation at any time except to the extent that the provider identified has already acted in reliance on it. I do hereby acknowledge that I have been offered a copy of this service agreement which outlines our relationship as therapist/patient. **I fully understand the above contract for therapy and am willing to abide by its contents.**

**Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**