

## **Informed Consent**

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address (e.g., cognitive-behavioral therapy, motivational interviewing, family therapy). Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

### **MEETINGS**

The psychotherapy sessions will be scheduled for 50-minutes (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to attend this meeting unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I will try to find another time to reschedule the appointment. If 24-hour notice is not given for cancellation of an appointment, a \$50.00 cancellation fee will be assessed.

### **PROFESSIONAL FEES**

**Individual Therapy:** The basic fee for a 50-minute session is \$150.

**Couples/Family Therapy:** The basic fee for a 60-minute session is \$175.

**Insurance:** The fee will be paid by your insurance company. Your co-pay amount of \$ \_\_\_\_\_ is due at the time of service.

**Assessments:** The fee for psychological assessment is based on the type of assessment, the length of the assessment, and the specific measures used; it is calculated individually. An estimate of the charges will be provided prior to the beginning of the assessment. No Insurance will be used for assessments.

**Payment for service:** Unless other arrangements have been made, you will be expected to pay for services at the time they are provided. Payments may be made by cash, check, or credit card. Individuals wishing to file out-of-network benefits are expected to pay at the time of service, even if planning to bill an insurance company for reimbursement. At your request, a receipt will be provided for those interested in submitting for reimbursement from insurance.

**Returned Check Fee:** If your check is not able to be processed (e.g., insufficient funds), a fee of \$39.00 will be assessed, payable in cash.

**Unpaid Accounts:** If you experience problems meeting your payment obligations, please contact me so that we may set up a reasonable payment plan. Overdue accounts (i.e., those which remain unpaid for 90-days or those for which an agreed-upon payment plan is not followed) may be turned over to a collection agency as a final resort for non-payment.

## **TELEPSYCHOLOGY**

We may also meet for our sessions via video- conferencing or some other form of technology. There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s). We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it. You need to use a webcam or smartphone during the session. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. It is important to use a secure internet connection rather than public/free Wi-Fi. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions. You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

## **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

## **CONFIDENTIALITY**

The privacy and confidentiality of our sessions are very important to me. To the degree I am allowed by law, information about your contact with my office will not be disclosed to any person or organization unless you have signed a release form allowing me to do so. While you are free to discuss anything that occurs in our sessions with anyone else, I am required not to discuss such matters without your express written authorization. This includes giving information to the parents or spouses of individuals who are age 18 or older, even when the spouse or parent is paying for the services. In all aspects of my practice, communication between my clients and myself (and/or those whom my clients have authorized me to contact) are protected by confidentiality regulations as stipulated by federal and state laws and by professional standards and ethics.

### **Exceptions to confidentiality include:**

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If I am contacted by an insurance company or auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.

If a client discloses to me the identity of a mental health professional who has engaged in sexual contact with him/her during the process of treatment, state law requires me to report that professional to the appropriate authority. I am not permitted to disclose the identity of the client if she or he does not wish to be identified.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above typically have no impact on the large majority of people seeking professional mental health services. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

### ***HOLD HARMLESS***

I agree to hold Dr. Reynolds harmless and from any liabilities or damages which may arise pursuant to the services provided.

### ***MINORS***

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I may also provide them with a summary of your treatment when it is

complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

**Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.**

\_\_\_\_\_  
Client #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if Patient is a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Denise Reynolds, Psy.D.

\_\_\_\_\_  
Date