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Informed Consent for Therapeutic Services

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and we will address any questions you may have. When you sign this document, it will represent an agreement between us.

Psychological Services

The process of psychotherapy is not easily described, as it varies depending on the personalities of the psychologist and client, and the focus of treatment. There are many different methods I may use to help with the problems that you hope to address. Psychotherapy is a collaborative relationship which calls for a very active effort on your part. In order for the therapy to be most successful, you must work on things we talk about both during our sessions and at home.

Psychotherapy can have both 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. Sometimes you may feel worse before you feel better. However, psychotherapy has also been shown to have benefits for people who actively participate. Therapy often can lead to an increased understanding of yourself, better relationships, solutions to specific problems, and reductions in feelings of distress. While research indicates that many people derive at least some benefit from undergoing treatment, there is no guarantee of successful outcome(s). It is important to consider whether you believe/feel that the potential benefits outweigh the potential risks prior to undergoing psychotherapy.

Our first few sessions will involve an evaluation of your needs, goals, and to decide whether I am a good fit to work with you, given your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work together may include and we will discuss your treatment goals and strategies for meeting them. 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. If either of us determine that there is not a good fit between us, I can provide you with referrals so that you might seek out another mental health professional.

Confidentiality

In general, the law protects the privacy of all communications between a client and psychologist as legally "privileged communication." I am permitted to release information about our work to others only with your documented permission. The exceptions to confidentiality are as follows (as noted in the HIPAA Notice of Privacy Practices you received):

- 1) There are some situations in which I am legally obligated to take action to protect you or others from harm, even if I have to reveal some information about your treatment.
 - a. If I suspect that a child is being abused or neglected, I must file a report with the appropriate state agency/authorities.
 - b. If I believe that you are at imminent risk of intentionally harming someone else, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
 - c. I must take action to protect you if you become an imminent danger to yourself, specifically if I believe you are at imminent risk of attempting suicide. I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.



- d. As of March 16, 2013, under a New York firearms law, I am required to inform the Director of Community Services (DCS) if you are at imminent risk to harm yourself or others (i.e., if there is a substantial risk of physical harm to yourself or others manifested by threats, attempts, or other behavior that demonstrates danger). When such a report is made, DCS may share the report with the New York State Division of Criminal Justice Services, which will determine whether you hold a firearms permit, and may initiate steps to remove firearms from your possession.
- 2) In legal cases, if I am court ordered to do so, I would have to release records and/or testify.
- 3) If I have to take you to collections for unpaid bills (see Fees section for more detail).

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 find it occasionally helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. 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.

If you are using insurance to pay for your treatment, I will also need to disclose information about your treatment to the insurance company (see Insurance section for more information) in order to be reimbursed.

I would be happy to discuss any concerns you may have about confidentiality, but, depending on your question, formal legal advice might be needed because the laws governing confidentiality are complex.

Professional Records

I will keep treatment records of our work together. This is required by law as well as professional ethical standards. The records will be kept secure and are treated as confidential (except under exceptions listed above). It is my office policy to destroy client records seven years after the end of our work together. If you wish to see your records, please submit a written request to me. 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 together. I reserve the right to deny you access to and copies of all or certain PHI as permitted or required by law. Upon denial of a request for access or request for information, I will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file an appeal or complaint.

Appointments

I will usually schedule one 45- to 60-minute session with you per week, although there is some flexibility in the frequency of our meetings (sometimes you may need to meet more or less frequently depending on the circumstances). The time scheduled for your appointment is assigned to you and you alone. An appointment is a commitment to our work and therapy is most effective when regular appointments are kept. There will be a \$50 cancellation fee for appointments that are canceled less than 24 hours in advance (unless we both agree that there were circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment. If you arrive late, it is likely we will still conclude at the scheduled time because I may have another appointment after our session.

Professional Fees

My fees are required at the time of service: initial evaluation-\$160, 60 minute session-\$130, 45 minute session-\$100, 30 minute session-\$60. In addition to weekly appointments, I charge my hourly rate for other professional services you may need, though I will break down the hourly cost if I work for periods less than one hour. Other services may include: telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries (that goes beyond regular documentation of records), etc... 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. Due to the difficulty of legal involvement, my fee is \$250 per hour for preparation and attendance of any legal proceeding.

I do not allow a client's bill to accumulate beyond the cost of two sessions. An accumulating bill is not good for you, for me, or for our working relationship. If you owe more than the cost of two sessions, your treatment will be discontinued until you are able to pay what is due. In this situation, if needed, I will provide referrals for resources that offer treatment at reduced fees.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, hiring an attorney, or going through small claims court. If such legal actions are necessary, the costs will be included in the claim. In most collections situations, be aware that I will likely need to release your name, contact information, dates of service, the nature of services provided, diagnostic impression, and the amount due.

Insurance Reimbursement

It is very important that you find out exactly what mental health services your insurance policy covers and what procedures to follow, as you (not your insurance company) are responsible for full payment of my fees. For example, some plans require authorization before they provide reimbursement for mental health services and some plans will only provide coverage for a certain number of sessions. It may be possible to seek approval for more sessions, but some managed-care plans will not allow me to provide services to you once your benefits end. You have the right to pay for my services yourself (unless prohibited by contract), or I will do my best to find another provider who will help you continue your psychotherapy. If you have questions about your coverage, call your plan administrator.

If I am not a participating provider for your insurance plan, 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.

Please note that you are responsible for the following: 1) your deductible, co-pay, and/or co-insurance; 2) paying any portion of your claim that is denied by your health insurance company; 3) providing proper information for submission of claims to your health insurance company; and 4) providing updates regarding changes to your health insurance and contact information.

I will need your permission to provide information to an insurance or managed care company who provides reimbursement in order to secure payment for services. You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). Though all insurance companies indicate that they keep such information confidential, I have no control of their actions once it is in their hands. I will provide you with a copy of any report I submit if you request it.

Contacting Me

I am often not immediately available by telephone. While I am usually in my office during business hours, I will not answer the phone when I am with a client. When I am unavailable, you may leave a message on my voicemail and I will make every effort to return your call within 24 hours, with the exception of weekends, holidays, or when I am out of town. Please make sure to always provide me with the phone number you would like me to use and specific times you will be most available to take my call. I will inform you if I will be unavailable for an extended period of time and will provide the name of a colleague you may contact in my absence.

If you are experiencing a mental health emergency, please indicate that in your voicemail and I will call you back as soon as possible. If you need to speak with someone sooner than I can get back to you, or if it is after business hours, I have contracted with a crisis service called All Hours Connect (607-272-1838), which is part of Suicide Prevention and Crisis Services. I will provide you with a card that has their information. Through All Hours Connect, calls are answered 24/7 through a dedicated phone line in Tompkins County and support is provided for clients who are experiencing a crisis. If you call, indicate that you are calling for All Hours Connect, give them my name (so they know you are covered under my contact) and your first name. The counselors will provide me with a report the next business day after speaking with you so that I know what transpired during

the call and what kind of follow-up you might need moving forward. If your safety is in immediate jeopardy please call 911 or go to the nearest hospital emergency room.

Appropriate phone contact (other than emergencies/crises) is to arrange or clarify appointment times or to request other specific information. Telephone conversations are limited to 10 minutes. I do not engage in correspondence with clients via text message (I have a landline and texts will not go through). I also do not engage in email correspondence with clients because it is possible for a third party to gain unauthorized access and therefore it is not considered a secure and confidential form of communication.

Ethics

In my practice as a therapist, I do not discriminate against clients based on age, sex, marital/family status, sexual orientation, gender identity, race, color, religious/spiritual belief, ethnic origin, place of residence, veteran status, physical ability, health status, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations.

Please inform me if you believe that I (or any other therapist) have treated you unfairly or otherwise breached professional ethics and/or laws. You can also contact the state or local psychological association and speak to the chairman of the ethics committee about your concerns and/or to file a complaint.

Termination of Therapy

Either of us may terminate our work together if we believe it is in your best interest. You have the right to terminate therapy at any time. Ideally, the end of therapy is discussed and mutually agreed upon, as the process of concluding treatment often has significant therapeutic value. It is helpful that we meet for at least one session after an agreement to terminate in order to review our work, your goals, your accomplishments, and any further work you may want to consider. If after termination you wish to continue therapy with another provider, I can provide you with the names of other qualified therapists, upon request. I reserve the right to terminate your treatment in the following circumstances:

1. I believe that you are not benefitting from meeting with me and/or you would be better served by undergoing a different treatment modality and/or meeting with a different therapist.
2. I believe that you are in need of a higher level of care relative to what I am able to provide.
3. I will unilaterally and immediately terminate therapy if you are violent, verbally and/or physically threatening to me, or harass me.
4. A conflict of interest has come to my attention.

Please note that if I have not had contact with you in a 30-day time period, unless we had discussed otherwise, I will assume that you are no longer interested in psychotherapy and your file will be considered to be closed. It can be reopened should you decide to return for additional treatment at a later time.

Your signature below indicates that you have: (a) read and understand the information in this document; (b) your questions have been answered to your satisfaction; (c) you have been informed and understand: that there are no guarantees about the results of therapy, the foreseeable benefits and risks of therapy, the extent of treatment, and possible alternative methods of treatment available; (d) you give your consent for me to provide psychotherapeutic treatment to you; (e) and you agree to abide by the terms of this document during our professional relationship.

Signature: _____

Name (printed): _____

Date: _____