



Informed Consent Agreement for Therapy

NOTICE OF PRIVACY PRACTICES

Parenting On Call, LLC and the patient enter into this contract voluntarily. This document (the Agreement) contains important information about our 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 with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our first meeting. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless action has been in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

1. 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 are experiencing. There are many different methods used to deal with problems that you hope to address. 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 can also have many benefits. 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 few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about any procedures, we should discuss them whenever they arise.

2. POLICIES

A. Appointments: Initial intake evaluations typically take between 2 to 4 sessions. During this time, you and Dr. Wilson can decide if therapy should move forward. If psychotherapy is begun, we will typically schedule one 45-minute session per week at a time we agree on, although some sessions may occasionally be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it. A 24-hour notice is required to cancel or reschedule an appointment.

B. Communication: You may contact Parenting On Call, LLC by telephone, email or text message. Dr. Wilson will make every effort to return your call on the same day you make it, but may also respond within 24 hours, with the exception of weekends and holidays. If you are unable to reach Dr. Wilson and feel that you cannot wait for a return your call, **please call 911 or go to your nearest emergency room** and ask for the psychologist or psychiatrist on call.

C. Cancelled or missed appointments: The patient shall pay in full for any cancelled or missed appointments unless 24-hour cancellation notice is given. Exceptions may be given for those cancellations due to illness or emergency.

3. CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychologist. In most situations, information about your treatment can only be released to others if you sign a written authorization. This Authorization will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless action has been taken in reliance on it.

However, there are some disclosures that do not require Authorization, as follows:

- Any sharing of information between Parenting On Call, LLC and any other party requires an authorization form signed by the patient giving written permission for a release of information. All communications between Parenting On Call, LLC and the patient will be private and confidential unless a release of information has been signed and submitted for the purposes of communicating with other parties.
- All communication between Parenting On Call, LLC and patient is confidential and may not be used in any Court proceeding. If circumstances are such that Parenting On Call, LLC has to get involved in legal proceedings, The patient will be responsible for paying for all professional time at the rate of \$400 per hour, and will also be responsible for paying all legal fees. The expected fee is collected prior to the legal proceeding.
- If a complaint or lawsuit is filed against Parenting On Call, LLC, relevant information may be disclosed regarding treatment in order to defend ourselves.

Mandated Reporting

As a mandated reporter, there are situations in which Dr. Wilson is legally obligated to take action. When deemed necessary to attempt to protect others from harm, information about treatment may be revealed. These situations are unusual but possible:

- If it is known or there is reason to suspect that a child has been or is in immediate danger of being mentally or physically abused or neglected, the law requires that a report be filed with the appropriate governmental agency, usually the Child Protective Services Division of the Department of Human Services. Once such report is filed, additional information may be required.
- If there is substantial cause to believe that an adult is in need of protective services because of abuse, neglect or exploitation by someone other than our patient, the law requires that a report be filed with the appropriate governmental agency, usually the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- In an emergency, if it is believed that you present a substantial risk of imminent and serious injury to yourself, it may be necessary that protective actions are taken, including initiating emergency hospitalization.
- If we believe that you present a substantial risk of imminent and serious injury to another individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization.

If such a situation arises, every effort will be made to fully discuss it with you before taking any action, and disclosure will be limited to what is necessary. 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 now or in the future. That laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

4. FEES

Patient shall pay for appointments prior to the time of service. Alternative arrangements may be made at the request of the patient and at the discretion of Parenting On Call, LLC. Fees for therapy sessions are \$160.00 per hour.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Parenting On Call, LLC has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require disclosure of otherwise confidential information. In most collection situations, the only information released regarding treatment is a, individual's name, the nature of services provided, and the amount due. If such legal action is necessary, its cost will be included in the claim.

5. SOCIAL MEDIA POLICY

Due to concerns about confidentiality and psychologist privacy, I have decided to decline friend or contact requests from current or former clients on social networking sites (Facebook, LinkedIn, etc.). Because Social Networking sites, such as Twitter, Facebook, and LinkedIn, are not secure, I do not respond to messaging or postings from clients or parents on these sites. By posting on a public site, a clinician-client exchange may also need to be documented and become part of your clinical record.

Cell phone communication, texts and emails may not be secure because they might be viewable by a third party. It is between you and your clinician as to the level of email, text, and cell phone contact to be incorporated in the treatment. I do not provide clinical advice via email.

There are instances in which email is convenient for both client and psychologist. This includes communications such as appointment reminders and homework assignments. However, it is important to understand that email is not necessarily a secured medium. Any other items communicated by email must be discussed beforehand, as clinical information is not transmitted via email.

6. PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, Protected Health Information (PHI) about you is kept in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your life has been impacted, diagnosis, the goals set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records received from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to your insurance carrier (when applicable). Except in unusual circumstances that involve a substantial risk of imminent psychological impairment or imminent serious physical danger, you may examine and/or receive a copy of your Clinical Record, if requested in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in Dr. Wilson's presence, or have them forwarded to another mental health professional so you can discuss the contents. A copying fee of \$0.15 per page (and for other expenses) will be charged.

In addition, a set of psychotherapy notes may be kept. These notes are for clinical use and are designed to assist in providing you with the best treatment. While the contents of psychotherapy notes vary, they can include the contents of conversations, analysis of those conversations, and how they impact therapy. They also contain particularly sensitive information that is not required to be included in the Clinical Record [and they also include information from others provided to us confidentially]. These psychotherapy notes are kept separate from the clinical record. Psychotherapy notes are not available to you and cannot be sent to anyone else, including insurance companies without written, signed Authorization. Insurance companies cannot require authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient Signature

Date