

Information for Clients and Consent for Treatment

Welcome to my practice. This document contains important information about my professional services and business policies. Please read this carefully and ask any questions. Signing this document represents an agreement between us.

PSYCHOLOGICAL SERVICES

Therapy exists in a variety of ways and depends on the psychologist, client, and presenting problems. I may use different methods to best deal with the issues that you hope to address. Therapy requires an active effort and intentionality on your part. In order for therapy to be most successful, you will have to work on things we discuss both during our sessions and on your own.

There are benefits and risks to therapy. We may discuss unpleasant topics related to your life, which may leave you experiencing uncomfortable feelings (sadness, guilt, anger, frustration, loneliness, and helplessness) and thinking about uncomfortable topics. On the other hand, 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.

We will spend the first few sessions assessing your goals and needs for treatment. Then I will provide preliminary impressions of what our work together could look like should you decide to continue therapy with me. I encourage you to reflect on this information and the first few sessions to decide whether you feel comfortable continuing to work with me. Therapy involves a large commitment of time, money, and energy, and I want you to feel invested and safe throughout the process.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law. I can only release information about our work to others with your written permission.

However, there are a few exceptions.

1. If I have substantial reason to believe that a minor, elderly person, or dependent person is being abused (or if a minor has been abused) or is at significant risk of abuse and/or neglect I am legally obligated to report this to authorities.
2. If I believe you or someone else is in immediate danger I am required to notify the potential victim, contact the police, or seek hospitalization for the client.
3. If you are involved in a court proceeding during which I am subpoenaed by a court of law I may be required to show the court my records.

Additionally I may occasionally seek professional consultation with colleagues to improve my work with you. During consultations, your identity will remain anonymous and the consultant is also legally bound to keep the information confidential.

SCHEDULED AND MISSED/CANCELED MEETINGS

Sessions are typically scheduled on a weekly basis lasting 50-55 minutes. For some, sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it in full unless you provide at least 24 hours advance notice of cancellation. Please note that insurance companies do not reimburse for missed/canceled sessions. Thus it is your responsibility to pay the fee in full for missed/canceled appointments. You will not be charged if I need to cancel an appointment.

PROFESSIONAL FEES

My hourly fee is \$____. In addition to weekly appointments, I may charge this amount or a proportion of this amount for other professional services. This may include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and time spent performing any other service you may request of me. 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.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when requested.

If your account has not been paid for more than 30 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 or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her/their name, the nature of services provided, and the amount due.

There will be a \$35.00 charge for returned checks.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees at the time services are delivered. It is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that most insurance companies require you to **allow** 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). If I am required to provide supplemental information I will provide the minimum necessary. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

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 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. Clients may be charged an appropriate fee for any time spent in preparing information requests.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, please leave a voicemail and I will make every effort to return your call within 24 hours, 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 cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] 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.

If you are having a mental health emergency and need immediate assistance, in addition to leaving me a voicemail, please do one of the following

- 1. Dial 911
- 2. Dial 211(www.211database.org) for a list of resources and referrals
- 3. Go to the nearest hospital emergency room

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

Signature of Client/Client’s Representative

Date

Client’s Printed Name

Relationship to Client

Catherine Chan, Ph.D.

Date