Informed Consent, Policies,

and Authorization for Psychotherapy

**Welcome to our practice.** This document contains important information about our professional services and business policies. Please take the time to read it carefully and let us know if you have any questions. When you sign this document, it will represent an agreement between us.

**Psychological Services**

We aim to provide evidence-based treatment and promote a collaborative, supportive, and nonjudgmental therapeutic relationship. We enjoy working with a range of individuals with diverse goals, including reducing emotional distress, increasing life satisfaction, improving relationships, making healthy lifestyle decisions, and enhancing competitive, academic, and vocational performance. You are free to ask questions at any time about our professional background, experience, and education.

Our first few sessions will involve an evaluation of your needs. Within a reasonable period of time after starting treatment, we will discuss our working understanding of your issues, our proposed treatment plan, therapeutic objectives, and possible outcomes of therapy. Therapy involves a large commitment of time, money, and energy, so it’s important to select a therapist who can help you to achieve your goals. If you have questions about any of the procedures used in the course of your therapy, their possible risks, or the treatment plan, please ask us. We do not diagnose, treat, or advise on problems outside the recognized boundaries of our competencies or scope of practice. If we believe we cannot offer services, we will refer you to others who work with your particular concerns. If you could benefit from any treatments that we do not provide, we also have an ethical obligation to assist you in obtaining those treatments.

Participation in therapy can result in a number of benefits to you, including improvements in insight, personal control, cognitive decision making, emotional health, behavioral heath, interpersonal relationships, and resolution of other concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness to change your thoughts, feelings, and behavior. For therapy to be effective, you have to work on things we discuss during our sessions and at home. We will ask for your feedback and views on your therapy and its progress.

Since therapy often involves discussing unpleasant aspects of your life, there are some risks. During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing discomfort, such as anxiety, depression, anger, or insomnia. We may challenge some of your beliefs, propose different ways of thinking about yourself, your relationships, and your future, or make suggestions about behavioral changes that might improve your functioning. Attempting to resolve issues that brought you into therapy may lead to changes that are not originally intended. The issues we examine together may result in decisions to change behavior, employment, substance use, schooling, housing, or relationships.

Change can sometimes be quick and easy, but it can also be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

**Treatment Concerns**

We are committed to providing you with the highest quality care. If you have a concern or complaint about your treatment, please talk with us about it. We will take your feedback seriously and respond with care and respect.

**Termination of Therapy**

Ideally, therapy ends when we agree your treatment goals have been achieved. Deciding when to discontinue our work together is meant to be a mutual process. If it is not possible for you to complete therapy, we recommend that we prepare for your transition with at least two termination sessions.

If during our work together we assess that we are not effective in helping you reach your therapeutic goals, we will discuss this with you, terminate treatment if appropriate, and give you referrals to other qualified professionals who may be able to help you. If you request it and authorize it in writing, we may communicate with the psychotherapist of your choice to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, we will assist you in finding someone qualified. You have the right to terminate treatment at any time.

Noncompliance with treatment recommendations may necessitate early termination of services. We will consider your concerns and goals together, and provide recommendations for treatment we believe to be effective. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about the process, you're always welcome and encouraged to express them so that we can resolve any differences or misunderstandings.

Additional conditions of termination include becoming enraged or threatening during session, bringing a weapon or illicit drug onto the premises, persistent drug abuse, arriving under the influence of drugs or alcohol, or disclosing illegal intentions or actions.

If you commit violence, or verbally or physically threaten or harass me, or my business partner, the office, or our family, we reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact us to make arrangements if your financial situation changes.

**Multiple Relationships**

Therapy never involves sexual, business, or any other dual relationships that could impair objectivity, clinical judgment, or therapeutic effectiveness, nor may it be exploitative. It is possible that during the course of your treatment, we may become aware of other preexisting relationships that could affect our work together, and we will do our best to resolve these situations ethically. Depending on the type of conflict, we may be required to terminate treatment. Please discuss this with us if you have any concerns.

We maintain very firm personal boundaries. We will not accept personal communication of any nature in any capacity (e.g., “friend requests” on a personal Facebook page, LinkedIn connections, etc.). We reserve the right to terminate treatment if a client obtains any personal information including our personal telephone phone number or residential address or makes attempts to connect with us in any other way on a personal level.

If you are a local client, there is a possibility we will find ourselves in the same public setting from time to time. This is normal, unavoidable, and expected in small communities. To protect your privacy and to maintain confidentiality, we will not initiate contact. If you choose to say hello, we will be cordial and respond in turn, but will not discuss anything about our therapeutic relationship in that setting. If you prefer not to greet us, that is also acceptable. You are free to make the choice that feels right to you at the time and we will follow your lead. There is no judgment either way.

**Contacting Us**

For small administrative matters, such as checking appointment times or changing them, you are welcome to e-mail us. With the exception of weekends, we generally receive and return these emails within 24 hours.

If you need to contact us between sessions about a clinical matter, please leave a message for me at **610-229-9029**. We check our messages daily unless we are out of town. You will know this in advance when this happens. For non-urgent matters, we return weekday calls within 24 hours. Unless otherwise scheduled, we are unavailable to return calls on Saturday and Sunday or after 8:00 pm during the week. If there is an urgent need to speak with us, please provide this information in your message.

Correspondence sent to this office is retrieved intermittently, and several days may go by before mail is retrieved. Our office hours vary from day to day, and normally no one is available to sign for deliveries.

Emergency phone consultations of five minutes or less are normally free. However, if we spend more than five minutes in a week on the phone, if you leave more than five minutes of phone messages in a week, or if we spend more than five minutes reading and responding to emails or coordination of care, we will bill you on a prorated basis for that time. If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to us. If your situation is an acute emergency and you need to talk to someone right away, call 911.

Although we make every effort to protect your privacy, e-mail, fax, and web-based communications are not confidential methods of communicating. Please keep this in mind when contacting us via these modes of communication or when requesting that we contact you or someone else regarding your case.

**Scheduling, Cancellations, and Lateness**

Missed and cancelled sessions pose some issues for both of us. The work of psychotherapy can be challenging, and when the process becomes difficult, it can feel easier to want to avoid coming in for treatment. Should this happen, I prefer that we discuss your concerns rather than cancelling sessions. We hold your scheduled appointment time specifically for you and prepare for your sessions so that we can give you the attention that you deserve. It is difficult for us to fill your last- minute cancelled session on short notice. Therefore, we charge for appointments cancelled with less than 24 hours’ notice unless we can find another time that week that works for both of us. In these cases, we will allow you to reschedule at no extra fee.

Cancelling or rescheduling appointments must be done by telephone at **610-229-9029** to avoid having to pay the full fee for a missed session. Other forms of contact (e.g., e-mail, website) do not qualify as an approved form of cancellation.

If you are running late for your appointment, please phone or e-mail us as soon as you can to let us know you will be late. If we do not hear from you by 20 minutes into your session, we will call to check on you and may assume you do not plan to attend. If you are late for your session, we will still end at our regular time so that we have time to prepare for our next appointment.

Sessions are typically scheduled to occur one time per week at the same time and day, if possible. We may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.

**Professional Fees and Payment**

**Our standard fee is $150 for a 53-minute individual session, and $200 for 75-minute sessions.** The fee is to be paid at the start of each session unless other arrangements have been made. If you are late, we will end on time and not run over into the next client’s session. We will inform you in advance if we intend to increase session fees. **If you are using insurance or self pay and do not give a 24 hour notice of cancelation, we will bill you a $75.00 late cancelation/no show fee to your credit card on file.**

Full payment is expected before each service unless otherwise agreed upon. You may pay with Cash, Check, Visa or MasterCard. The benefit of this policy is that we may begin your sessions immediately upon arrival, and that payment and other financial matters are separated from the in-office therapeutic relationship. **There is a $30 fee for returned checks**. If you have not paid your bill for treatment for a long period of time, your information may be sent to a collection agency or small claims court.

**On occasion, if you are unable to pay in advance, we allow a grace period with no late fee if payment is received by 6:00 pm the next business day. After that time, there will be a $20 charge for late payments made within the same week, and a $30 charge the next business week.** We expect you to remember to send your payment and do not send reminder e-mails.

We do not permit clients to carry a balance of more than two sessions. If you are unable to pay this balance, we will discuss whether it makes sense to pause your care. Please let us know if any problems arise during the course of therapy regarding your ability to make timely payments.

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time and services even if we have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to our regular practice, we charge $250 per hour for preparation and attendance at any legal proceeding. We will provide bills after each session and expect to be paid upon receipt unless we consent to other arrangements.

**Insurance**

We do accept insurance, but not all insurance companies. Please check with us at the beginning of services to see which insurance we take. If we don't accept your insurance, we can provide you with a monthly billing statement or “superbill” if you wish to submit it to your insurance company for reimbursement. This monthly statement is your receipt for tax or insurance purposes. Your health insurance carrier may require disclosure of confidential information to process claims that you submit. Only the minimum necessary information will be communicated to your insurance carrier, including your diagnosis, the date and length of our appointments, and which services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or information about progress toward goals are also required. Unless explicitly authorized by you, psychotherapy notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, we have no control over the information once it leaves our office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Some or all of your fees may be covered by your health insurance if you have outpatient mental health coverage. However, if insurance companies do not reimburse all conditions that may be the focus of psychotherapy**. It is** **your responsibility** **to verify the specifics of your coverage and if any charges are not covered by your insurance, you will be responsible for all fees and charges.** Please remember that our services are provided and charged to you or your insurance company, so you are responsible for full payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. Regarding confidentiality, please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

**Professional Records**

Psychotherapy laws and ethics require that Pennsylvania licensed psychotherapists keep treatment records. Professional records can be misinterpreted or upsetting to untrained readers. You are entitled to receive a copy of these records unless your therapist believes that seeing them would be emotionally damaging, in which case your therapist will review them together with you or send them to a mental health professional of your choice to allow you to discuss the contents. Clients will be charged copying costs plus $2.00 a minute for professional time spent responding to information requests.

Your record includes a copy of this signed informed consent form, acknowledgement of receipt of our privacy policy, progress notes, any forms signed by you to release protected health information, and copies of your superbills. All records are only maintained electronically, including paper forms and data sheets we collect and share with you over the course of treatment. These forms are scanned upon receipt and, consistent with professional ethical and legal standards of care, are stored on secure offsite servers. All paper copies of documents are subsequently shredded.

**Confidentiality**

As a psychotherapy client, you have privileged communication. This means that your relationship with us as our client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. The provisions explaining the exceptions to confidentiality and instances in which the law requires disclosure are described below.

**Exceptions to Confidentiality**

Disclosure is required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect, and when a client presents a danger to self, to others, or to property, or is gravely disabled.

Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and possibly our testimony.

If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of your injuring someone else, or your need for psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or another person and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your intake form.

E-mail, voice mail, and fax communication can be easily accessed by unauthorized individuals, which compromises the security of such communication. We do use a secure, encrypted e-mail service to communicate with clients, but there is always a risk that electronic communication can be intercepted. Please notify us at the beginning of treatment or at any other time if you would like to avoid or limit the use of any or all of these electronic forms of communication. Please do not contact me via e-mail or fax for emergencies.

We consult regularly with other professionals regarding our clients to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, it is important to consult with another professional in-depth, and we believe identifying information about you may be shared, we will ask you to sign a release of information form to allow us to share this information. Without such a release, we will not provide information to other health care professionals that might lead another person to be able to identify you.

Upon your request and with your written consent, I may release limited information to any person or agency you specify, unless I conclude that releasing such information might be harmful to you. If we reach that conclusion, I will explain the reason for denying your request.

**Mentalyc Informed Consent**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our psychotherapy sessions. I have chosen to use Mentalyc’s note-taking system for psychotherapy as part of my effort to provide the best care to my clients. It provides me with an automatically generated transcript and summarization of our sessions. Mentalyc’s system is HIPAA compliant and uses up-to-date encryption methods, firewalls, and backup systems to help keep your information private and secure. You are consenting for me to process our sessions using Mentalyc’s system. Recordings of our sessions will be transcribed and summarized by Mentalyc’s HIPAA-compliant technology. Mentalyc doesn’t store the recordings and client personal information. Mentalyc only keeps anonymized data to help improve the tool. As with any technology, there are certain risks and benefits, which I will list here:

**Risks:**

* All technology contains a risk of confidential information being disclosed.  You can ensure the security of our communications by only using trusted secure networks for psychotherapy sessions and having passwords to protect the device you use for psychotherapy. Mentalyc mitigates this risk by ensuring up-to-date technological security and storing the data with as little identifying information as possible.
* Mentalyc Researchers will have access to your de-personalized transcripts (transcript content with removed names, emails, and other identifying information).
* The system may contain unknown bias in the way it generates the session summary and presents clinical information. This risk is mitigated by your therapist’s commitment to review and modify the note as needed using their clinical expertise.

**Benefits:**

* The technology allows the therapist to focus more of their attention on therapy.
* Removes the need for taking notes or trying to remember information during and after the session.
* Mentalyc reduces the therapist's workload and may help with compassion fatigue.
* The technology may provide additional clinical insights for the therapist which helps improve outcomes in the therapeutic process.

**Office Policies**

Please turn your cell phone off or to silent mode, and do not talk on cell phones in any part of the office, including restrooms. If you need to take or make a call while on the premises, please step outside, closing the door completely behind you. Inappropriate language (e.g., swearing, yelling) will not be tolerated in the public areas of the office. Appropriate dress is required (e.g., no swimsuits or bare midriffs). Please respect the confidentiality of others in the public areas of the office. It is inappropriate to ask for personal information, including (but not limited to) a client’s name, the name of the professional who is providing services, or reason for visiting. Although we are the only people with access to our office, we do share a building with other professionals who may occasionally be present in waiting areas. We use a sound conditioner to produce white noise outside of the office to maintain privacy for all clients. We may also use the white noise machine in the office during sessions if you request it.

**Acknowledgement**

By signing the attached Receipt of Notifications form, you acknowledge that you that you have read and understand all of the information provided above, are in agreement with it, and consent to proceed with treatment. Moreover, you agree to hold us free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.