



Informed Consent for Psychotherapy Services – Adult

CLIENT SERVICE AGREEMENT

Welcome to The Balancing Bar. The therapeutic relationship is unique in that it is a highly personal and, at the same time, a contractual agreement. Given this, it is important for us to understand how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together.

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). This federal law provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, you must understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOTHERAPY SERVICES

Diagnostic Interview/Intake Session

A diagnostic interview will be completed during your first visit. It is an assessment to determine client-therapist fit. This session will last up to 1 hour 15 minutes and include treatment recommendations.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. Therapy is a relationship between people that works partly because of each person's clearly defined rights and responsibilities. As a client in psychotherapy, you have certain rights and responsibilities that you must understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness, and insight, increased skills for managing stress and resolutions to specific problems.

But there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. To be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week or every other week at a time, we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. Suppose you miss a session without canceling or cancel with less than 24-hour notice. In that case, my policy is to collect the amount of your co-payment [unless we both agree that you were unable to attend due to circumstances beyond your control] or the total amount for the regular session. It is important to note that insurance companies do not provide reimbursement for canceled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for arriving at your session on time; if you are more than 15 minutes late, your appointment will be canceled, and you will be charged the total amount for a regular session.

PROFESSIONAL FEES

My hourly fees are

- (Telehealth) Individual client psychotherapy sessions (45-50 minutes) \$125
- (Telehealth) Individual client psychotherapy sessions (60 minutes) \$150
- (Telehealth) Family and couple psychotherapy session (50 minutes) \$175
- (Telehealth) Couple psychotherapy session (90 minutes) \$225
- (Telehealth) Initial intake session/diagnostic interview (up to 75 minutes) \$150

In addition to scheduled appointments, I charge \$150 an hour for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. **Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request.** If you anticipate becoming involved in a court case, I recommend discussing this thoroughly before waiving your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

LATE CANCELLATIONS, APPOINTMENTS, AND CANCELLATIONS

Once an appointment is scheduled, you will be expected to attend unless you provide at least 24 hours advance notice of cancellation. While a complimentary automated email reminder is offered, you maintain responsibility for tracking your scheduled appointments regardless of receipt or lack of receipt of these reminders.

If you miss a session without canceling or cancel with less than 24-hour notice, my policy is to collect the amount of your co-payment [unless we both agree that you were unable to attend due to circumstances beyond your control] or the total amount for the regular session.

Note that insurance will not pay for late cancellation/no-show charges. **Late cancellations (less than 24-hour notice) will be charged the entire session fee. No shows will be charged the entire session fee.** This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

The standard meeting time for psychotherapy is 45-50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session need to be discussed with the therapist in order for time to be scheduled in advance.

Services may be terminated due to excessive late cancellations and/or no-shows. Typically, three or more late cancellations/no shows in a matter of 6 months is considered excessive

A \$35.00 service charge will be charged for any payments returned for any reason for special handling.

BILLING AND PAYMENTS

Full payment is due at the time services are rendered. We accept the following form of payment: Credit Card.

If you would like us to keep your credit card on file and have it charged automatically at each visit, please fill out the Automatic Payment Processing/Credit Card Authorization form. Non-sufficient funds transactions will incur a \$35 service charge.

If your account has not been paid for more than **90 days**, services may be suspended, and we have the option of using other 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 we will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

INSURANCE

To set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some

coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage. Still, you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are usually limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Sometimes I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. 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.

In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit if you request it. By signing this Agreement, you agree that I can provide the requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit via Stripe with SimplePractice. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount. The patient must pay that before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible for paying for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by my provider contract.

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. If you prefer to use a participating provider, I will refer you to a colleague.

Should your account be turned over to an attorney/collection agency for nonpayment, you will be responsible for additional attorney/collection fees as well. In addition, you are authorizing The Balancing Bar, LLC to file insurance on your behalf and to provide your insurance company with any necessary information. You are also authorizing payment to be made directly to The Balancing Bar, LLC.

TREATMENT TERMINATION

Ending relationships can be complicated. Therefore, it is vital to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Treatment may also be terminated if an appointment is canceled or missed and the office is not contacted within 30 days of the canceled/missed appointment for rescheduling. At that time, it will be assumed that you are no longer seeking services, and your therapy will be discontinued. If 30 days have passed, inactive clients are welcome to check the therapist's availability but are not guaranteed services.

Unless other arrangements are made in advance, I must consider the professional relationship discontinued for legal and ethical reasons.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychotherapy services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. 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. If I refuse your request for access to your records, you have a right to review my decision by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

My policies about confidentiality and other information about your privacy rights are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that

document, and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. My policy is not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to convey general information about treatment progress and attendance and a treatment summary upon completion of therapy. All other communication will require the child's agreement unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. You may leave a message on my confidential voice mail at these times, and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Georgia Crisis Access Line (GCAL) at 1-800-715-4225, 2) National Suicide Hotline at 1-800-784-2433, 3) go to your Local Hospital Emergency Room, or 4) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

ELECTRONIC COMMUNICATION

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet to talk more about it.

I do not contact any of my clients through social media. In addition, if I discover that I have accidentally established an online relationship with you, I will discontinue that relationship as these types of casual social contacts can potentially compromise the professional relationship. The Balancing Bar has a website, Instagram, Twitter, and Facebook page that you can access. They are used for professional reasons to provide information to others about the practice. You are welcome to access and review the information and, if you have questions about it, we can discuss them during your therapy sessions.

I use a web-based practice management program called SimplePractice for tasks such as scheduling, record keeping, and billing. SimplePractice maintains HIPAA business associate agreements with its providers and is therefore held to the same standards regarding confidentiality of health information as I am. SimplePractice has a patient portal that can be used, if you choose, to contact the office regarding scheduling.

Telecommunication

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and email, are considered telemedicine by the State of Georgia. Under the Georgia Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another.

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OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care without discrimination regarding race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to client (if other than client, e.g., parent, legal guardian)