

5. CPP Client Agreement & Informed Consent

CLIENT AGREEMENT AND NOTIFICATION

Welcome to Clearpoint Psychology. I am pleased to have the opportunity to work with you. This document contains important information about my professional psychotherapy services and business policies. Please read it carefully. It explains many of your rights and responsibilities and will represent an agreement between us, unless it is amended or terminated in writing. If you have any questions or concerns about these policies or any other aspect of this practice, please feel free to discuss them with me at any time.

INTRODUCTION TO PSYCHOTHERAPY

Psychotherapy is not easily described in generalities. It varies depending on the personality of therapist and client, problems being addressed, therapist's clinical judgment, and client goals. There are a number of approaches that can be utilized to address the problems you hope to address. Psychotherapy requires your active effort both during and between sessions in order to create meaningful, durable change.

Psychotherapy has both risks and benefits. Risks include experiencing feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness at potentially uncomfortable levels. Psychotherapy often requires recalling unpleasant aspects of your past. Psychotherapy has been shown to have benefits for people who undertake it. It often leads to significant reductions in feelings of distress, better relationships, resolution of specific problems, and decreases in disability caused by physical illness and pain.

I will be able to offer you some initial impressions of what our work may include after my evaluation (lasting 1 to 3 sessions). We will discuss my initial treatment plan if you decide to continue with the process. You also will be evaluating this information and your level of comfort in working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful in choosing a therapist. If you decide not to continue working with me, or if I judge that I do not have the knowledge and skill needed to assist you with your concerns, then I will be happy to help you secure an appropriate consultation with another provider.

EMERGENCIES

I believe in the inherent strength and capabilities of my clients. I strive to foster stability and the healthy use of resources. I do not therefore carry a pager and may not be immediately available 24/7. If this is not consistent with your needs or expectations please consult with me so that I may provide you with an appropriate referral.

If you do experience an emergency that requires immediate attention, please call 9-1-1 or go to the nearest emergency room for evaluation and treatment. You can also call the 24-hour Crisis Line at Riverside Hospital at 614.566.5056.

CONFIDENTIALITY

In general, the law protects the confidentiality of all communications between a client and a therapist, and the therapist can only release information about your treatment to others with your written permission. In most cases, I will not discuss or release to others any information without your specific written permission.

However, there are some situations in which a therapist is legally entitled or even required to release your protected health information without your authorization.

- I may sometimes consult with other professionals about your treatment. In such cases, I would not disclose your name or other protected health information. Unless you instruct me otherwise, I will not tell you when I have these consultations.
- Your health insurance company may need some information about your therapy. I will provide the diagnosis, the fee, and dates of therapy on receipts for you to submit to your insurance company. A treatment plan or summary of treatment may also be provided if you have authorized the release of such information with your signature on the insurance claims form.
- In some situations, I can be compelled to release your records by court order or as otherwise authorized by law.

In the following situations, I may take action to protect others from harm, even though that requires revealing some information about a client's treatment.

- If I believe that a child, an elderly person, or a disabled person is being abused or neglected, I must file a report with the appropriate agency.
- If I believe a client is threatening serious bodily harm to him or herself or to another individual, I may be required to take protective actions, which may include contacting authorities, family members, or others who can help provide protection.

The standards of my profession require that I record and maintain appropriate treatment records. You are entitled to request a copy of any protected health information or any communication from me in a variety of means and locations. You have the right to request that your information be amended or restricted from certain uses and disclosures. While I will seek to honor your requests, I may decide that it is not prudent for me to agree to your requests. For more information on Confidentiality issues, please review my Notice of Privacy Practices form.

APPOINTMENTS & CANCELLATIONS

To schedule, cancel, or change an appointment, please call (614) 843-1009. You may leave a confidential voicemail message 24 hours a day. While I strive to return phone calls promptly, I generally do so between the hours of 11:00am and 7:00pm, Monday through Friday.

If you need to cancel or change an appointment, be sure to give at least 24 hours notice to allow time to fill the appointment. If proper notice is not provided, you will be charged the full fee for the reserved appointment time. Insurance companies will not reimburse a fee for missed appointments unless both of us agree it was due to an emergency. If you are unable to give 24 hours notice, please call as soon as possible. A message left on voicemail is sufficient. If you fail to show for an appointment, I will try to contact you during that appointment time at the number you have provided.

If I will be unavailable for a period of several days (e.g., vacations) I will leave instructions on my telephone message regarding alternative contacts.

SESSION ETIQUETTE

Upon arrival, please be seated in the waiting area. I will come and get you to begin our initial session. Please have your paperwork and payment ready at the beginning of the session. The initial appointment lasts 60 minutes. Follow-up sessions last 45-50 minutes, unless arranged otherwise in advance.

I strive to run my practice on time, and ask for your assistance in doing so. I understand that everyone can run late on occasion, and so I give and request a 10-minute grace period for the start of an initial appointment, and a 15-minute grace period for the start of a follow-up appointment. If I am unable to start on time due to an emergency with another client, then I ask for your understanding and willingness to reschedule. If I am late for reasons other than client care, then I assure you that you will receive the full time to which we have agreed, in which case insurance may not reimburse you for

the full scheduled time. If you are late, we will probably be unable to meet for the full time. It is likely that I will have another appointment after yours.

Finally, I treat clients with chemical sensitivities who may have strong reactions to synthetic chemicals or scents. Please refrain from wearing or applying scented body products to the office (e.g., cologne, perfume, body spray, lotion).

PAYMENT POLICY

I have found that handling payment and paperwork at the end of sessions works best. We will reserve the final five minutes to handle this transaction. Please help me stay on time for others and make the most of your time in session by having your payment ready (i.e., check written, exact cash, credit card) prior to the beginning of session.

Clients are responsible for payment of all fees, even those thought to be covered by an insurance company. Your insurance policy is a contract between you and your insurance company. I will make every effort to work with your insurance company, but I am not responsible for missing information or wrong information provided by your insurance company. You are responsible for paying all fees not covered by insurance companies after 45 days.

In situations where I am considered an out-of-network provider, you are responsible for handling reimbursement with your insurance company, if you so choose. Where I am considered out-of-network, I am not a part of the arrangement/contract you have with your insurance company; you will need to inquire as to your benefits in light of this fact. I will give you a receipt with a copy for each session. If you plan on submitting your receipt for reimbursement please ask your insurance carrier what information they require on the receipt so that I may provide that for you.

As with therapy, I request payment for my time and services when you give me forms that need to be completed for the insurance company.

You agree that I may send any unpaid balance to collections if it remains unpaid for more than a month should collections services be necessary for me to receive payment for your treatment. If that happens I will only provide enough information to receive payment. To avoid this, please pay your bill at the time of service.

FEES

My fees are listed below. Be engaging in treatment, you are agreeing to pay my fee

Initial & 60-90-minute Session \$165

45-50-minute Session \$140

30-minute Session \$85

(Sessions lasting longer than 65 minutes must be arranged with me in advance).

Professional Time \$150/hour; prorated at \$2.25/minute

This may include, but is not limited to, phone calls lasting 20 or more minutes, report writing, form completion, or letter writing.

Legal Involvement \$225/hour

This includes preparation for, drive time to/from, and attendance at any legal proceedings., regardless of who initiates my involvement.

In the event these fees change, I will provide you with 30-days advance notice before a new fee structure is implemented.

RELEASE OF INFORMATION TO PROFESSIONALS

You agree to allow me, from time to time, to consult with another mental health therapist or my practice attorney regarding

my treatment with you. In those situations I will only reveal enough information in order to help me properly provide services to you.

NOTICE OF TERMINATION

You are not obligated to see me for any specified number of sessions. It is most beneficial to you however to have a healthful ending to a therapeutic relationship. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one session to review our work together. This will allow us to discuss critical issues and reasons for termination and to bring the relationship to a more beneficial ending.

If you fail to show for an appointment and do not have contact with me within two weeks of the missed appointment, you understand that I have the right to terminate therapy with you. If you cancel an appointment without rescheduling or contacting me within two weeks, you understand that I have the right to terminate therapy with you. I recognize that there is the possibility of extenuating circumstances (e.g., extended vacation, family emergencies, work-related engagements). In such cases, please contact me as soon as possible to keep me informed.

PROFESSIONAL SERVICES

As discussed above, treatment may include discussion of issues that are uncomfortable for you. While I use my best professional judgment for your well-being, I cannot guarantee that you will obtain the results you seek. You have the right to challenge any aspect of the treatment recommended. If you believe I have mismanaged your treatment or your privacy, please discuss this with me.

EMAILING & TEXTING

If you decide you want to utilize either texting or e-mailing you acknowledge that there are confidentiality risks inherent in such communications and you accept those risks. Urgent or emergency communications must be made by phone (voice). These will be returned within four hours of receipt between 7:00am and 9:00pm. Reschedule requests or cancellation notices can be delivered by text message. Text and email messages may not be accessed more than once per business day. They will be responded to within 2 business days.

ACKNOWLEDGEMENT OF INFORMED CONSENT TO TREATMENT

I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize you to provide such care, treatment or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment or services that I receive through you at any time. I also understand that there are no guarantees that treatment will be successful.

By signing this Acknowledgment of Informed Consent to Treatment, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained in the Client Agreement and I agree to be bound by the provisions in this agreement. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Name:

Today's Date:

Client Signature: