

INFORMED CONSENT AGREEMENT

Welcome to my practice. This document contains important information about professional services and business policies offered. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and particular problems you bring forward. There are many different methods I may use to deal with the 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. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are not guarantees of what you will experience.

Initial sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. 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 my procedures, we should discuss them whenever they arise.

MEETINGS

The Initial consultation and evaluation requires 2 to 4 sessions. During this time, we can decide if I am the best person to provide the services you need, in order to meet your treatment goals. If psychotherapy is begun, we will meet for one 45-minute or 60-minute session per week.

PROFESSIONAL FEES

My hourly fee is \$120.00 for a 45-minute individual therapy session, \$150.00 for a 60-minute marital/ family session, and \$70.00 for 90-minute group session. In addition to weekly appointments, the hourly fee of \$150.00 is charged for all other professional services, such as report writing, telephone consultation, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. The fee for legal procedures is \$200 per hour for preparation and attendance at any legal proceedings.

BILLING AND PAYMENT

Our office has a pay up front policy. All clients pay at the time that services are rendered. At the end of every month, you will receive a claim with all procedural codes to submit to your insurance company. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. With 24 hour notice, there is opportunity to reschedule as our schedules permit.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal measures are taken to secure payment. This may involve an attorney or a collection agency. In most collection situations, the only information released is a client's name, the nature of services provided, and the amount due. All accounts 90 days past due will be subject to late fees and all costs of collections.

***All accounts 30 days past due are subject to 1.5% interest fees.**

K. Kay Kosak Abrams, Ph.D. Informed Consent – Page Two

INSURANCE

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is very important to find out exactly what mental health services your insurance policy covers, i.e. number of sessions allowed yearly for individual and for family. Please carefully read the

section in your insurance coverage booklet that describes mental health services. If you have questions about coverage, call your plan administrator.

Be aware that insurance companies require you to authorize me to provide them with a clinical diagnosis. Occasionally, I have to provide additional information such as treatment plans or summaries. This information will become part of the company files and will probably be stored in a computer.

CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. There are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to himself or herself or to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting family members to provide help, contacting the police, or seeking hospitalization for the client.

At times, our practice employs an office assistant or manager who oversees the entire business aspect of our practice. She has a great deal of experience in dealing appropriately with confidential materials, such as case files, doctor's notes, telephone messages, and other information.

It is important that we discuss any questions or concerns that you may have at our next meeting. 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 Patient

Date

Signature of Provider

Date