

## **INFORMED CONSENT FOR TREATMENT**

This document contains important information about professional services, client's rights and responsibilities, and business policies offered. Please read it carefully and discuss with me any questions you may have. When you sign this document, it will represent a binding agreement between us.

## **PSYCHOLOGICAL SERVICES**

Psychotherapy is a varied and personal experience, dependent on the personalities of the psychologist and client as well as the nature of 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. Rather, for the therapy to be successful, it will require that you take a very active role, working on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortably feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who engage in it, often leading to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

I will conduct an evaluation of your situation and concerns in the first four to six sessions. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include, and an initial treatment plan to follow, if we jointly decide we should continue working together. 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 comfortable with your choice of therapist. If you have questions about my procedures, we should discuss them as they arise. If your doubts persist, I will be happy to secure an appropriate consultation with another mental health professional.

Please note that I am a solo practitioner. Thus, although I share office space with Ellen Dye, Ph.D., Normal Leong, Ph.D., Anu McNeill-Lukk, LCSW, Suzanna Cado, Ph.D. and Sandra Cohen, CPC, I am the only person that has a fiduciary responsibility to you.

## **APPOINTMENTS**

The evaluation generally lasts from two to four sessions. During this time, we can both decide if I am the best person to help you meet your treatment goals. If psychotherapy

is initiated, I will generally schedule one 45-minute session per week at a regular time. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **48** hours advance notice of cancellation during regular business hours. Please note that insurance companies do not reimburse for missed appointments or those you cancel late; therefore, you will be expected to pay the full fee for the hour, \$170.00 as it has been reserved for you.

### **PROFESSIONAL FEES**

My current fee is \$270.00 for the initial evaluation session, \$250.00 for a 45 minute therapy session, \$280 for a 60 minute session and \$280.00 for testing appointments. I charge \$250.00 for other professional services you may need, though I will break down the hourly cost if I work for periods less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you request of me. If you become involved in legal proceedings that require my preparation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, the fee for preparation and attendance at any legal proceedings is \$600.00 per hour.

### **BILLING AND PAYMENT**

You will be expected to pay for each session at the time of service, unless other arrangements have been made, payable by cash or check. At the end of each month, I will give you a statement of charges and payments for your records and for insurance purposes. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon or have not been met, I will employ the assistance of a collection agency to secure payment. The overdue account will also be subject to late fees and all costs of collections. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

### **INSURANCE**

In order for us 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 that covers mental health treatment, you should inquire about the exact nature of your benefits. I will be happy to provide you with a completed claim form that you can submit directly to your insurance company to help you obtain reimbursement, but you are responsible for full payment of my fees. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. You should be aware that insurance companies require you to authorize me to provide them with a clinical diagnosis and, in certain cases, treatment summaries. This information

will become a permanent part of your record and probably be stored in a computer. Though insurance companies claim to keep such information confidential, you should be aware that I have no control over what is done with information once it is released from this office. In some cases, they may share the information with a national medical information databank.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end our sessions. Some health plans require that I seek approval for more therapy after a certain number of sessions, and this will generally require that I inform the insurance company about treatment goals and progress and other health care aspects which may be relevant (such as medical history), in addition to the diagnosis. When this is required, I will discuss the process with you and provide you with a copy of any report I submit, if you request it. It is important to remember that you always have the right to pay for services yourself to minimize insurance issues such as those described above.

### **HOW TO CONTACT ME**

I am often not immediately available by telephone as I may be working with a client. When I am unavailable, my telephone is answered by voicemail, which I monitor frequently. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you are unable to reach me in an emergency situation, and feel you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist on call, or go to the nearest emergency room. I will respond as soon as possible.

Whenever I am out of town or on leave, I will give you the name and phone number of a licensed psychologist to call in the event of an urgent need or emergency. This psychologist will be able to contact me for consultation if she or he determines that it is necessary.

Please note that I do not exchange clinical information via e-mail as it is not a secure medium.

### **PROFESSIONAL RECORDS**

The law and standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish, I can prepare an appropriate summary for you instead. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the content. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **MINORS**

If you are under eighteen years of age, please be aware that the law provides your parents with the right to examine your treatment records. It is my policy that, in signing this document, parents consent to give up access to the records of adolescents, ages 12 - 18. In this case, I will provide parents only with general information about the work with their adolescent unless I feel that there is a high risk that the client will seriously harm himself/herself or another, in which case I will notify parents of my concern. There may be other situations in which choices the adolescent is making will be of concern to me, and I will work with the adolescent to discuss these choices with his/her parents. Before giving parents any information, I will discuss the matter with the child or adolescent, if possible, and will do the best I can to resolve any objections that the child or adolescent may have about what I am prepared to discuss.

## **CONFIDENTIALITY**

Information we discuss is private and will not be released to anyone without your expressed approval and preferably, written consent. If consent is by phone, it will be documented as such. 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 patient's treatment.

If I believe there is a clear and imminent danger to yourself or someone else, a psychologist has a legal responsibility to take protective actions to prevent that occurrence. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Maryland State law requires that psychologists disclose information to Social Services concerning any "reasonable suspicion" of abuse. In the state of Maryland, this reporting requirement includes both children and adults who are reporting previous or ongoing abuse; and

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns which you may have at our next meeting. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

### **SOCIAL MEDIA CONCERNS**

My policies regarding the use of social media are explained in detail in my Social Media Policy document which you have been provided. As a general policy, I do not engage with clients on any form of social media (text messaging, social media websites) in order to protect your privacy. If you have any questions or concerns regarding these issues or my policies, please feel free to discuss them with me.

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

## INFORMED CONSENT

I have read and reviewed any questions I have about the informed consent for treatment and agree to abide by its terms during my professional relationship with Ana I. Aguirre-Deandreis, Ph.D.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date