

Informed Consent and Authorization for Psychotherapy

Therapy is a collaborative process between us to work on goals that you identify. For therapy to be most effective, it is important that you take an active role in the process. Should you choose to proceed, a positive outcome then becomes our mutual responsibility. This begins with your trust in and commitment to the treatment process and my commitment to address your questions and concerns as they come up during sessions. Appointments range in duration from 30-60 minutes from the scheduled start of the appointment, regardless of your arrival time. Due to the limits around scheduling, we are unable to meet longer than the arranged session time.

Payment of Fees

Fees for individual (60 minute) outpatient psychotherapy visits are \$165 per clinical hour. You are responsible for payment of all fees unless your insurance has agreed to a different amount or as negotiated.

Co-pays/known deductible amounts are expected at time of service. Please note that if your insurance does not cover services performed you will be held responsible for these charges. A \$25.00 fee will be assessed to you account for all returned checks. We will make every effort to work with you on payment of fees. If regular payments are not fulfilled, the amount owed may be turned over to a collections agency and your credit may be affected. You will be informed if this step is taken.

Canceling or rescheduling appointments requires **a (24) hour notice by phone** to avoid having to pay a \$35.00 fee for a missed session. See separate sheet on my cancellation policy.

- Written reports and/or letters requested of any type are billed to you at \$120.00/hr.
- Telephone or email conversations between us, for any reason, in excess of 15 minutes outside of session per week may be billed proportional to your hourly fee. This service is generally not covered by insurance.
- Appearing at meeting(s) or legal proceedings on your behalf is not covered by insurance, and is billable to you at \$165.00/hr. for the entire time spent away from the office.

Confidentiality

Normally, everything we discuss will be held confidential unless you provide me with a signed authorization allowing me to communicate with other parties. **Law and professional ethics either mandate or permit therapists to break client confidentiality under certain circumstances. Some 'exceptions to confidentiality' include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now:

- You or your child/minor present a danger to self or others
- A child/minor or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering
- A dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse, or neglect.
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. **If you are taking part in DBT or are on the wait-list for DBT, information pertaining to your treatment and progress will be regularly discussed by members of Kalamazoo DBT (as of 5.8.19: Victoria Cane, Gary Snapper, Dawn Bouaouad, Kim Yore, David Lawrence, Andre Wayne, and Heather Roe) as part of the treatment. If you are seeing a KEBT therapist while waiting (Lindsay McClead or Leah Keller), they will be included in DBT communications.

In couples therapy, both parties are considered the client. Should you and your partner have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and will likely be discussed in joint sessions. *Do not disclose anything you wish kept secret from your partner.*

Communication with the Therapist

Each therapist has their own limits around contacting clients outside of sessions. If you are experiencing a mental health emergency, please call the Gryphon Place Helpline at 269/381-HELP (or 211), the Borgess ER 269/226-8133, or 911. You may also go to your nearest emergency room.

At present, the only business line for my practice is a cell phone which is not considered as secure as a land-line. Please be aware that any communication you have with me via cell phone including text is not guaranteed against possible breaches of security. Please choose communication accordingly if you have concerns about these limitations.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

Treatment Termination

Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include:

- Legal or ethical circumstances that compel the termination of treatment.
- Issues arising in treatment that are outside the recognized boundaries of my competence.
- A client regularly becoming enraged during session; making threats towards me or my family, making inappropriate requests of the therapy relationship, bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.
- A change in level of care-related needs such as an increase in behaviors that compromise the client's health & safety.

If at any time during the course of your treatment it is determined that therapy cannot continue, this will be discussed in detail and every effort will be made to assist in linking to the appropriate service.

You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you will be invited to attend a final 'termination' session.

Risks Associated with Psychotherapy

Like many things in life, psychotherapy has inherent risks. Some of these risks to you are:

- Disruptions in your daily life (such as relationship conflicts) that can occur because of therapeutic changes.
- Emotional pain due to exploring personal issues and family history.
- Although therapy begins with the hope that your life and relationship(s) improve, there is no guarantee that this will occur.

Authorization to Commence Psychotherapy

Your signature below will verify that you have read (or that I have read to you) the information in this authorization and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge your willingness to undergo treatment using psychotherapy methods, as I deem appropriate and in accordance with this 'Informed Consent.'

You also agree to enter into a professional business arrangement according to all business practices outlined in this agreement. You accept total financial responsibility for payment of all fees and services as described, regardless of insurance coverage or any other 'third-party' payers.

Printed Name

Client or Authorized Person's Signature

Today's Date

I have received a copy of KEBT's HIPAA privacy notice _____ (initial and date).