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PSYCHOLOGICAL SERVICES INFORMED CONSENT FORM

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write 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 unlike a medical doctor visit. It calls for a very active effort on your part. In order for the therapy to be successful you will have to work on issues both during our sessions and often throughout the week between sessions. Psychotherapy can have benefits and risks. Therapy often involves discussing unpleasant feelings or aspects of your life. While discussing these issues you may experience uncomfortable feelings such as anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also provided significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However it is important to understand that there are no guarantees of what you will experience in therapy or what the ultimate outcome of your therapy will be.

MEETINGS

All sessions are scheduled in advance and will be 50 - 55 minutes in duration. Generally sessions are held once per week although depending on the nature of your distress it may be necessary to schedule sessions on a more frequent basis. Once an appointment is scheduled you will be required to pay the full cost of the session out of pocket, even if you are being seen through your insurance provider who normally pays for your sessions, unless you provide 48 hours advance notice of cancellation. If you cancel on short notice and we are able to re-schedule you in a different time slot within the same week, there will be no cancellation fee. Failure or refusal to pay fees as defined in this agreement may result in termination of therapy and a referral to another provider. Of course, you have the right to terminate your treatment with me at any time if you feel you are not benefiting from my services. Also, if I believe that you are not benefiting from my services I may recommend termination of treatment and refer you to other providers who may provide more beneficial services.

PROFESSIONAL FEES AND PAYMENTS

Payments for services, including insurance co-payments, are due at the time of treatment and you can pay by cash, credit card, debit card, or check. If you pay by check and your check is returned for insufficient funds there will be a \$25 fee added to your balance payable. If you are seeking treatment through your insurance provider, you should carefully read the section on your insurance policy's website that describes mental health services. HMOs and PPOs often require pre-authorization for mental health services and they often require a significant deductible each year (\$1,000+) before they will begin to reimburse for mental health treatment. You should also be aware that your insurance company will require that I provide them with a comprehensive diagnosis which will become a permanent part of your medical record. Occasionally, insurance companies will also require me to furnish them with treatment summaries, and may call me to get very specific information about your diagnosis and your treatment progress which I must provide them. Other related billable services include psychological assessment services for insurance claims and purposes, preparing and mailing psychological evaluation reports at the request of an insurance provider, attendance at meetings with other professionals that you have authorized, or any other professional service you may request outside of therapy sessions. Finally, hours are billable if you become involved in a legal proceeding that requires my testimony or involvement.

CONTACTING ME

I am often not immediately available by telephone however you can always leave me a message. I check my messages frequently throughout the day and I will make every effort to return your call as quickly as possible. It is always a good idea to leave at least two timeframes when it will be convenient for me to return your call. If I am going to be away for an extended period of time I will inform you well in advance. If you are unable to reach me, and are having a psychiatric emergency, you should call 911 or go to your nearest hospital emergency room.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to review or receive a copy of your treatment records unless I believe that your seeing them would be emotionally damaging in which case I will either prepare a summary of your treatment for you or send the complete set of records to another qualified mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you do wish to review your complete record, I recommend that you review it in my presence so that we can discuss the contents.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law and I can only release information about our work to others with your written permission. However there are a few exceptions that it is important for you to understand. *You must initial each of the following exceptions to confidentiality so I am certain you have read and understand them:*

1. If you are threatening to harm yourself and I believe that you are a significant danger to yourself, I may be required to seek immediate psychiatric hospitalization for you, or at minimum contact family members or others who can provide protection for you.

Initial _____

2. If you are threatening serious bodily harm to another person, I am required to take protective actions by notifying the police and the intended victim, and I may seek psychiatric hospitalization for you.

Initial _____

3. If based upon your disclosure I have a reasonable suspicion that a child, elderly person, or disabled person is being abused I am required to file a report with the appropriate state agency. This is the case even if you are not the perpetrator of the abuse. If based on our discussions I suspect abuse is occurring to any child, elder, or disabled person by any party, I am mandated by law to report this potential abuse.

Initial _____

4. In most legal proceedings, you have the right to seek to prevent me from providing any information about your case and treatment. However there are exceptions about which you should be aware. These exceptions to legal privilege include any legal proceeding where your emotional condition is an important issue, child custody proceedings, alleging a breach of duty on the part of your psychologist, and situations where I believe that you may pose a danger to yourself, others, or the property of others.

Initial _____

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

Name of Client: _____ Signature of Client: _____ Date: _____
(please print)

Scott Lingen, Psy.D. (As witness) _____ Date: _____