

Informed Consent for Services & Practice Policies

Welcome! Before we begin our work together, it is important that you have information about my professional services and practice policies. This document explains important information about your care, including the therapy process, practice policies, and your rights as a client. It explains what to expect from treatment, the legal limits of confidentiality, the importance of open communication and other key aspects of our work together. The purpose is to ensure you feel informed and comfortable moving forward. Please review it carefully and let me know if you have any questions. Your signature at the end of this document is required to start our work together. I look forward to working with you.

PSYCHOTHERAPY SERVICES

We will begin with an initial evaluation that lasts 1-3 sessions. During this time, we will discuss your concerns and treatment goals and assess whether I am the best person to provide psychotherapy services to meet your goals. I will offer you my initial assessment and tell you a bit about how I work and how I can help. If I believe I do not have the right expertise to meet your goals, I will provide you with referrals to other practitioners or treatment settings that might be more suitable. During these sessions you can decide whether or not you feel comfortable working with me. If at any point you wish to discontinue treatment, you may let me know and we will not schedule any additional appointments.

RISKS AND BENEFITS OF PSYCHOTHERAPY

Psychotherapy has benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like depression, anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. It may also lead to family discord, the end of relationships including the breakup of a marriage, the loss of a job, and intense emotional feelings toward me as your therapist. We will discuss all of these issues should they arise.

On the other hand, psychotherapy has also been shown to have many benefits, that can lead to better relationships, solutions to problems, and significant reductions in the unpleasant feelings mentioned above. There are no guarantees of what you will experience and there is no way to predict the outcome of treatment. We will work towards your goals together to help you find solutions to difficult situations and painful emotions.

ALTERNATIVES TO PSYCHOTHERAPY

You may also want to take advantage of self-help strategies, support groups and/or medication to help you feel better and achieve your goals.

WHAT TO EXPECT IN PSYCHOTHERAPY

Length of Session

The initial session is 60 minutes. After that, sessions run 53 minutes. The length depends on your needs and what your insurance will allow.

Frequency of Sessions

We will meet every week or every two weeks, depending on your needs, your schedule, or what your insurance company will allow.

Length of Treatment

There is no way to predict how long treatment will last. While much can be accomplished in short-term therapy and this may be appropriate for specific concerns, some people need and want longer term work. Short-term therapy is 10 to 20 sessions or 3 to 5 months of structured work focused on current issues. Long term therapy is 1 year or longer and focuses on helping you cope with recurring symptoms like anxiety and depression.

CANCELLATION POLICY

Therapy is a commitment, and our time together is reserved just for you. I have a 48 hour cancellation policy. If you cancel with less than 48 hours of notice (a "late cancellation"), I will attempt to provide an alternative time for your appointment.

should my time allow. If an appointment cannot be rescheduled, you will be responsible for the late cancellation fee of \$60.00.

Insurance companies do not pay for missed appointments. This policy does not apply to cancellations due to an emergency, as set forth below.

In the unlikely event that I need to cancel or reschedule you will not be responsible for any charges for that appointment.

Emergency Cancellations

Emergency cancellations are events beyond your control such as a car accident, hospitalization, death of an immediate family member or a sudden illness that would keep you out of work or a suddenly ill child. In the event there is an emergency cancellation, I will provide an alternate time for your appointment should my schedule allow, and there will be no charge for missing the session.

Missed Appointments

This policy applies to an appointment you "forgot," a last-minute work meeting, an appointment which conflicts with another one you made, or if you choose to do something that is important to you rather than come to therapy. This policy also applies to an appointment you did not cancel even if you decide to discontinue therapy without discussing it with me first. Missed appointments will be treated as late cancellations as set forth above.

Therapist Vacations, Sick Time, and Planned Absences

During my planned absences, I will work with you around what you may need while I am unavailable. I will provide the name and contact information of a therapist covering for me in case of an emergency. In the event I am suddenly ill, cannot meet with you, and you are experiencing an emergency, please go to your nearest emergency department, or dial 911 or your local emergency number.

CONFIDENTIALITY

Your work here is confidential and protected by the Health Insurance Portability and Accountability Act (HIPAA) and state statutes. I may need to release certain information without your consent or file a report. The following are some of the common circumstances under which I would need to release information or file a report:

- If you plan to cause serious harm to yourself or someone else, and I believe you have the intent and ability to carry out this threat in the very near future.
- If I have reasonable cause to believe that a child or vulnerable elderly, disabled, or dependent person has suffered abuse or neglect.
- If you tell me that you are being physically, sexually, or emotionally abused or neglected.
- If you are involved in a court case and a judge demands that I give testimony about your psychotherapy.
- As required or permitted by law.

PROFESSIONAL FEES/PAYMENT

Session Fees for self - pay

My fee for the Initial Session for \$95.00

My fee for the subsequent sessions lasting between 45 – 52 minutes is: \$90.00

My fee for a session lasting between 53 – 60 minutes is: \$95.00

I have the right to raise the fee at any time.

If you are using insurance, please review, complete, and sign the *Assignment of Benefits & Billing Authorization* forms for additional information.

If you are using your insurance, please fill out this information.

Insurance verification:

Client's Name _____ DOB _____

Insurance Company: _____

Number to verify benefits _____

Primary Insured _____

Employer _____ -

I.D. _____

Group # _____

Birth Date _____

Claims Sent to:

Your Signnature _____ Date _____

PAYMENT.

Copays

If you are a subscriber or covered by one of these plans, you will pay your copay to me, and I will bill your insurance company for the remainder of the fee.

Private Pay

If you elect to pay privately (out-of-pocket) for your treatment and you do not want your health insurance billed, you are agreeing to pay my professional fee. Your mental health records and billing information *will not* be released to your health insurance plan for any reason unless you give written permission to do so.

Should you choose not to use your insurance when you begin treatment and change your mind at any time, if I am in-network with your insurance, I will file for retroactive claims going as far back as your insurance company allows. This is referred to as "timely filing" and could be as little as 60-90 days. You are responsible for any charges earlier the timely filing limit. You will be able to use your insurance from the date you inform me of moving forward if I am already an approved provider in your plan.

Payment Methods

Payment can be made by **check, cash, credit card, debit card, HSA**

OTHER PROFESSIONAL FEES

Reports and Meetings

Most insurance companies do not reimburse therapists for attending meetings or writing reports. If additional reports or meetings not covered by the insurance company are needed or you choose not to use your insurance for these purposes, you agree to pay for the time it takes me to write these reports and/or attend these meetings.

Reports that would incur a fee would be for, but not limited to, a disability claim, Worker's Compensation, or a review of treatment for an attorney.

Meetings that would incur a fee include, but are not limited to speaking with an attorney, and appearing in court. My professional fee for writing reports and attending meetings or appearing in court is \$200.00 per hour.

The cost of attending the meeting will include travel time, preparation, and waiting time even if the meeting is cancelled at the last minute. A [2-hour] minimum payment of \$400.00 is required before any scheduled court date. The remainder of any balance will be invoiced and must be paid upon receipt.

Court Appearances and Fees

I do not provide therapy to those involved in a legal case, such as divorce or custody disputes, where I would be asked to provide evaluations, recommendations, or expert testimony. To those under my care, I will only testify if I am ordered to do so by a legally authorized subpoena. Fees will include time lost for canceled sessions, preparation, travel, waiting and time present – even if the need for testimony is canceled. A [4 hour] minimum payment of \$800.00 is required before the scheduled court date. The remainder of any balance will be invoiced and paid upon receipt.

HEALTH INSURANCE

Health insurance typically provides some coverage for mental health treatment. I will fill out the forms and assist you in receiving those benefits and make every reasonable effort to collect payment from your insurance company. **You agree that you are 100% responsible for any payment not reimbursed by your insurance company.**

Billing Your Insurance Company

Contracts with health insurance company require that I provide the company with information relevant to your treatment. At minimum, this includes a clinical diagnosis and the date of service. Sometimes I am required to furnish additional clinical information such as time of service, treatment plans or summaries, progress notes, or copies of your entire clinical record. I make every reasonable effort to limit release to only the minimum information that is necessary for the purpose requested, as set forth in the separate *HIPAA: Notice of Privacy Practices for Protected Health Information*. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

CONTACTING ME

Office Hours

I can be reached by phone / email. My office hours are usually Tuesday 1:30-7:30pm, Wednesday -Sunday 10-3pm. Hours may vary. I will make every effort to return your call within 24 hours except for holidays and vacations.

Social Media

Social Media is not an appropriate way to reach me.

Emergencies

Though email and text are available 24 hours a day, I do not have 24-hour or emergency coverage. If you experience an emergency, you may call a hotline such as the Crisis and Suicide Hotline at #988, a 24/7 Domestic Violence (DV) Hotline at 800-799-7233, or go to your nearest emergency room/department. The DV Hotline is confidential as long as the caller does not reveal any names. If you need psychotherapy beyond the scope and ability of my practice, then we will need to review care options that might better match your needs.

COUPLES THERAPY

If you are entering therapy as a couple, **both members of a couple need to sign both this document, and the *Informed Consent for Couples Therapy***. When contacting me concerning an issue related to ongoing couples therapy, please include your partner in the communication, whether by text or email.

PLAN FOR THE CUSTODY AND CONTROL OF MEDICAL RECORDS

In the event of my death* or incapacity, or termination of practice, you may contact Bruce Makowski at 503 266-1951 or 503 789-2120 in the event you need access to your medical record.

TERMINATION OF SERVICES

Therapy can be ended by either the client or the therapist or agreed upon by both. You have the right to refuse treatment, ask questions, and terminate therapy at any time. For additional rights, please review and sign, *Client Rights and Responsibilities*.

Client Termination

You may end therapy at any time and for any reason. Endings are often anticipated as being difficult and are therefore often avoided. Therapy is the ideal place to have a “good ending.” Whatever the reason you end therapy, planning for the end of therapy and having a final session is ideal. During the final session, we discuss what worked and didn’t work for you, what you accomplished, what work may be left, and resources that can help you maintain your progress.

Termination of therapy services by email, text, or voice mail are not appropriate.

Therapist Termination

I may decline to continue treatment under certain conditions which compromise my ability to provide effective services, compromise your ability to benefit from services, or are legally and/or ethically appropriate. Such circumstances include, but are not limited to:

- You have reached your goals
- You are moving to a state in which I am not licensed
- Your insurance changed to one I do not accept
- Other financial reasons
- You are unhappy with our work
- You have not followed the treatment plan
- You have refused to accept recommendations for a higher level of care or supplemental care, which I deem essential to your wellbeing
- You have not paid my fees
- You have not complied with the practice policies and procedures set forth in this document

If you have any questions about any of these conditions, please bring them to me to discuss.

Informed Consent for Services & Practice Policies

Acknowledgement Page

Signing this document indicates that I have read, had the opportunity to ask questions about, understand, and agree to these policies and been offered a printed copy of this agreement.

If you are participating in Couple's Therapy, you and your partner must both sign this document.

If both parents are involved in the child's or adolescent's life, it is best that both parents sign this consent.

Client Legal Name: _____ **DOB:** _____

Client Legal Signature: _____ **Date:** _____

Print Partner Legal Name: _____

Partner Legal Signature: _____ **Date:** _____

Parent or Guardian Legal Name: _____

Parent or Guardian Legal Signature: _____ **Date:** _____

Relationship to Child or Adolescent: _____

Parent Legal Name: _____

Parent Legal Signature: _____ **Date:** _____

Printed Therapist Name, Licensure: _____

Therapist Signature, Licensure: _____ **Date:** _____