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INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. 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 the concerns you bring forward. There are many different methods I may use to deal with the issues you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. Therapy is most successful, when you work 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 uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Personal change often results from gaining insight, developing new behaviors, and challenging problematic thought processes. Change can sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings, thoughts, and reactions.

Our first few 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 if you decide to continue with therapy. 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 after our initial sessions, or at any time during our work together, you decide that the therapeutic relationship is not a good fit, I encourage you to speak with me about this. We may then decide to terminate our therapeutic relationship and discuss potential referrals to other professionals.

Once you believe you have reached your therapy goals, it is time to end therapy. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you

would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or medication consultation. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

MEETINGS

Sessions are 45-60 minutes in length. Depending on concerns presented and treatment goals, I typically meet with clients on a weekly basis at first as our schedules allow. As we continue our work together, we will likely adjust the frequency of sessions. Your session time is reserved for you, and I am rarely able to fill a cancelled session unless I know in advance. Therefore, you will be expected to provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control such as an emergency. If you cancel a session without giving 24 hour notice, I will charge you a \$50 fee unless I am able to fill the appointment time. Your insurance will not cover this charge.

PROFESSIONAL FEES

My hourly fee is \$150. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 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 may request of me. If you become involved in legal proceedings that require my participation, my hourly rate is \$250. By signing below, you agree to pay for my professional time even if I am called to testify by another party. This will include time spent on preparation, travel to and from any legal proceeding, including waiting outside of a courtroom.

DISABILITY, FMLA, LEAVE OF ABSENCE REQUESTS

I do not accept clients whenever they indicate the purpose of the appointment is for disability determination, requests for FMLA, leave of absence requests, etc. I believe that in most cases a psychologist cannot be both therapist and evaluator and these roles must be clarified during the initial contact.

FORENSIC PSYCHOLOGY – LEGAL ISSUES

I do not accept clients whenever they indicate that they want me involved in legal matters. These include but are not limited to: court ordered treatment, custody matters, visitation, divorce issues, auto accident cases, etc. Ethically I am prohibited from being both a treating therapist and an evaluator and these roles must be clarified during initial contact. If you are not truthful about your intent in seeking therapy, it will result in immediate termination of the therapeutic relationship by me.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements may be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Co-pays are due at the time of service. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. 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 REIMBURSEMENT

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, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the

information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. 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. I will provide you with a copy of any report I submit, if you request it.

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 they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call within two business days, unless you inform me that it is a clinical concern, and then I will call you as soon as I am able. If you are difficult to reach, please inform me of some times when you will be available. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call Netcare at 614-276-2273 if you live in Franklin County. You can also call 911 or go to your nearest hospital emergency room if you or your child are experiencing suicidal thoughts or dangerous behavior and cannot assure your safety.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend

that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. This is true even if the client lives with a parent and that parent is paying for services. When working with a child client, I will give a truthful, understandable, and reasonably complete account of the child's condition to the parent or legal guardian. I find it helpful to the therapeutic process to guarantee some level of confidentiality to adolescent clients, but I will reveal general information about the client's diagnosis and progress to parents.

In general, there are a few exceptions to confidentiality.

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, elderly person, or disabled person 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 another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client 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.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a client. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the “Informed Consent” handout and/or other information about the assessment and/or therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the assessment/treatment by the therapist named above and to play an active role in this process.

I understand that no promises have been made to me as to the results of assessment/treatment or of any procedures provided by this therapist.

I understand that sessions will run 45-60 minutes in length.

I am aware that I may stop my work with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel within 24 hours, I will be charged \$50. If I do not cancel and do not show up, I will be charged in full for that appointment.

I understand and accept that I am fully responsible for the cost of sessions, but that my therapist will help me in getting payments from my insurance coverage if I so wish.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive.

I understand that if payment for the services I receive here is not made, the therapist may stop my treatment and has the option of using legal means to secure the payment.

My signature below shows that I understand and agree with all of these statements.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date