

Being Centered: Psychological Services, PLLC
Ridgefield, CT
Ph/Fx: (203) 614-1089

Informed Consent for Treatment

When reading through this document, read carefully as your electronic signature signify you have read, understood, and agreed to the terms of this contract. If you do not understand or agree, it is your responsibility to bring those questions/concerns to the treating psychologist's attention.

Please note that once initialed and signed, this is a legally binding contract.

Defined Terms:

Psychotherapy: Psychotherapy is treatment intended to address psychological functioning and facilitate psychological well-being. Clients typically attend once per week for a 50-minute session. This is subject to change, based on client need.

House Call: Psychotherapy treatment provided usually at the client's residence or an agreed upon location, not in the therapists' office. The therapy will likely be for a 50-minute session, and length of time is subject to change.

Psychological Evaluation: Psychological evaluations assess psychological functioning, including, but not limited to, diagnostic impression(s), internal and external contributing factors, and underlying psychological structures. Psychological evaluations also typically provide treatment recommendations, unless otherwise discussed.

Consultation: If you have a question with regard to psychological services or treatment, these can be addressed through a consultation. This includes questions about psychological symptoms and mental illness.

Confidentiality Limitations:

Communication between you, the client, and the treating psychologist is confidential. The treating psychologist is legally and ethically obligated to keep any and all information, pertaining to you and your treatment, confidential, except under certain conditions bulleted below. Under certain laws, there are limits to the confidentiality of your information. These are:

- **Abuse:** The treating psychologist is obligated to report, to the appropriate authorities, suspected child abuse (person under the age of 18), suspected elder abuse (person age 65 and over), and suspected dependent abuse (person reliant on another for basic needs, regardless of age).
- **Harm to self/others:** The treating psychologist is obligated to report suspected self harm and harm to others to the appropriate authorities and to the potentially affected person(s).

- **House Call:** If you are using the mobile psychotherapy service, the location you request may have limits to confidentiality. This may include, but is not limited to, people passing by, residents in the house/apartment complex, colleagues at work, etc. The treating psychologist is not responsible for breaches of confidentiality within the settings you choose. In the event the psychologist finds the location not suitable for therapy due to noise, distractions, or several other people within the vicinity, the psychologist may recommend a different location.
- **Legal:** If a law enforcement agency requests access to your information, due to suspected self harm and/or harm to others, this information will be provided to them. Only information asked for will be provided.
- **Subpoena:** If a court subpoena is received for your information and/or records, that information will be provided. Only the information asked for will be provided.
- **Minor:** If you are a minor, under the age of 18, information will be shared with your legal guardian(s) upon request. They are legally responsible for you, and hence have a right to access your information.
- **Consultations:** In order to provide you with the best possible service, there may be times when the treating psychologist may need to seek outside professional consultation. In those cases, your identity will remain confidential and only information applicable to the consultation will be discussed.

Fees, Collection of Fees, and Missed Appointments:

Standard Fees

Hourly rate for services: \$200

Psychological Consultations: \$125

Missed Appointments \$100

In the event there is another payment arrangement between client and psychologist. The agreed

upon fee is the following: _____

Reason for different payment agreement: _____

*Other services rendered in person/phone/email (letters/emails written on your behalf, meetings attended on your behalf, etc.) are charged at the hourly rate by quarterly increments. The hourly rate fee applies to any travel and/or wait time that may be required for such services.

*Legal services (consultations, court appearances, etc.) are charged at a rate of \$400 per hour and charged by quarterly increments to include travel and wait time.

All fees are due before services are rendered. We accept cash, and check. Returned checks will result in a \$50 processing fee. If your account has a balance, we reserve the right to refuse service.

Upon your request, we can provide you with the information needed to submit claims to your insurance. Our relationship is with you and not with your insurance company. It is your responsibility to understand the terms of your insurance.

Cancellations must be made with 24-hour notice. If such notice is not given, you will be charged a \$100 missed appointment fee. If you are late to an appointment, the time will not be made up to you, and you will still be charged the agreed upon fee for a 50-minute session. If you are more than 15 minutes late to a session, your session will be considered cancelled, and you will be charged a \$100 missed appointment fee. If you have scheduled a House Call and are not at the agreed upon location, the psychologist will wait for 10 minutes and charge for a missed appointment session based on the rate being charged for the service. Missed appointment fees must be paid prior to continued services.

If you have not paid your bill to our office within 30 days, services will be discontinued, unless otherwise discussed. If your bill remains unpaid after 60 days, from date of last fee, your bill may be sent to a collection agency for purposes of obtaining fees due. If your bill goes to a third party collection agency, you will be responsible for the fees incurred to that regard.

Contact:

Any contact with either psychologist will be through telephone, at the business phone number, unless otherwise discussed. Email and social media will not be used as forms of communication, unless otherwise discussed. If you are using any of the services provided by Being Centered: Psychological Services, PLLC, you cannot be a personal "friend" on Facebook.

If you are experiencing an emergency, you will need to contact emergency services, such as dialing 9-1-1 or going to your nearest emergency room. If you attempt to contact either psychologist, note that your calls will be received and reviewed during regular business hours. We are not an emergency service center and do not provide emergency services.

The work phone number (203-614-1089) does not accept text messages. Text messages are blocked to this line, and as such, you will not receive responding messages.

Treatment Information and Records:

Any information you release to the treating psychologist (verbal and/or written) may be noted and maintained in your electronic health record (EHR). Portions of your file may be maintained within paper format, if deemed necessary.

Legally, you have the right to the information kept in your file. When requesting information, please allow up to five business days for processing your request. A fee will be charged at 15 cents per page. If you are a minor, under the age of 18, be aware that your legal guardian(s) has a legal right to access your file at any time.

If the treating psychologist finds that accessing your records could cause harm to you or others, they have the right to withhold that information from you.

Agreement with Sections Contained Within This Document

I have read, understood, and agreed to each section within this document. I have asked questions and discussed concerns, if any, and those areas were resolved. By signing this document, I consent to participate in psychological treatment.

Client's Signature

Date

Legal Guardian's Signature (if applicable)

Date

Witness Signature

Date