CENTER FOR
VITALITY AND BALANCE

INFORMED CONSENT FORM 2023

Psychotherapy

Welcome to the Center for Vitality and Balance! This document contains important information about the professional services available and business policies of the Center. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting.

Your signature on this document represents an agreement between you and the Center for Vitality and Balance, LLC and Sandra G. Carey, PsyD, MS.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular concerns you bring in. There are different methods I may use to deal with the issues that you hope to address. Psychotherapy is active and, in order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

BENEFITS & RISKS

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 engage in it. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Each person's experience is unique and, as such, there are no guarantees of what you will experience.

PSYCHOTHERAPY SESSIONS

Initial Evaluation

Our first few sessions (1-4) involve an evaluation of your needs. By the end of the evaluation period, I will offer you some first impressions of what our work would include and a treatment plan to follow should you decide to continue therapy with me. 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 discerning about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I am happy to help you set up a meeting with another mental health professional for a second opinion.

Ongoing Therapy

Ongoing therapy consists of scheduled sessions with me. Initially, therapy sessions are typically scheduled for once per week for 45-55 minutes. Some sessions may last longer and may be more or less frequent depending on your unique treatment needs.

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Timeliness

I strive to begin sessions on time and to manage our time together. If I am late to our meeting, I will offer you the full duration of our scheduled session.

If you are late to the session, our time will consist of the remaining time of our regularly scheduled session.

There are weeks throughout each calendar year where I may take off extended time to attend Continuing Education or to maintain my mental and/or physical health. I do my best to give notice of anticipated absences and offer support as needed. If ill, I may cancel without 24 hour notice and do my best to reschedule as soon as possible.

Cancellations

If you need to cancel our session, you must provide 24 hours (before scheduled session start time) advance notice. Please see professional fees section of this document for additional information about cancellation fees.

ENDING THERAPY

Generally, determining when to end therapy is a mutual decision but is likely to be considered when therapy goals have been met, when a therapist or client feels psychotherapy does not appear to be helping the client, when a client's financial status or insurance changes (or if payment ceases), or when clients repeatedly miss appointments.

Repeated missed appointments may demonstrate a lack of commitment to the therapy process. As such, three (3) consecutive missed appointments will result in the immediate termination of therapy services.

In the rare instance that I as a therapist feel directly threatened by a client or perceive I am in danger of direct harm therapy will be immediately terminated and limits to confidentiality may be waived.

PROFESSIONAL FEES

Psychotherapy

Psychotherapy fees reflect specialized training and experience. Unless arranged in advance or dictated by insurance agreements, fees for typical session are as follows: Initial Evaluation/Session ($200); Individual Psychotherapy ($150-180, per length). Self-pay starts is $135-155 per session. A few slots may be available for sliding scale based on need.

Other Services

Other services include report writing, documentation for FMLA or other accommodations, telephone conversations lasting longer than 20 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; I charge $200 per hour for these services. If you become involved in legal proceedings that require my participation, you are expected to pay for my professional time even if I am called by another party to testify; I charge $250 per hour for preparation and attendance at any legal proceeding.

Invoices for other services, including those required for legal proceedings, are prepared as I complete them. Insurance does not typically pay for these additional services and therefore, you are responsible for paying these fees.

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Late Cancellation Fee

For scheduled therapy sessions, you are expected to provide 24 hours advance notice of cancellation. You are responsible for a late cancellation fee of $100 for any appointments canceled less than 24 hours prior to our scheduled start time. If you do not show up for our scheduled appointment, you are responsible for the late cancellation fee of $100.

Payment

Payment is due at the time of service. As a courtesy, I will work to help you check on insurance deductibles, copays, and/or coinsurance. However, you are responsible for understanding what is covered by your insurance plan. I accept payment in the form of cash, check, and credit cards (Visa, MasterCard, American Express, or Discover). Credit card information provided via the Simple Practice Client Portal will be charged for payment unless I am instructed otherwise by the client.

INSURANCE REIMBURSEMENT

Please consider very carefully whether or not to use health insurance benefits to pay for psychological services. While I strongly support the full and equal inclusion of mental health services in healthcare coverage, I am aware of instances in which psychiatric diagnosis and treatment have been used to deny or limit the availability of life insurance, health insurance, or employment. Health information privacy regulations generally offer inadequate protection in such cases, especially when covered by small or self-insured employers.

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 are responsible for full payment of my fees.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I may 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. 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. If a report is requested, I will notify you as the client.

Once we have all the information about your insurance coverage, we discuss what we can expect to accomplish with the benefits that are available and what happens if they run out before you feel ready to end our sessions.

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CONTACTING ME

Due to my clinical schedule, I am often not immediately available by telephone. My voicemail system handles calls 24 hours a day, but I am notified of messages during weekday business hours from 8:00am-5:00pm. I make every effort to return your call within a reasonable amount of time, except for weekends and holidays. If you are unable to reach me and it is an emergency, please call 911 or go to the nearest emergency room. If I am unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I do maintain an email address; however, I discourage the use of email for anything other than scheduling arrangements due to the uncertainty of ensuring the security of email communications and contact information, which qualifies as PHI. For similar reasons, I do not respond to invitations from clients to connect via online social networking sites such as Facebook or LinkedIN. You may send a secure message via your client portal:

(https://vitalityandbalance.clientsecure.me.)

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records in a manner consistent with HIPAA standards. To do this, I use SimplePractice, a secure form of electronic health records that includes clinical notes, insurance billing and financial statements. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests (see section *Fees, Other Services)*. You may write a letter stating why you think the record may be incorrect and it will be included in the file.

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. But there are a few exceptions.

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 patient'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. Additional rare instances where disclosure is allowed or required by law.

If I believe that a patient is threatening serious bodily harm to self or others, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient 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.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. 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. Please ask if you have any questions or concerns about confidentiality.

Electronic devices that contain voice activated technology may pick up random sound bites that occur during the course of therapy. The voice activation on electronic technology in the office is de-activated.

I do not record sessions without express permission from a client. I do not often recommend that a client record a session to protect the vulnerability of the individual in session. If for any reason you wish to record sessions, please bring it up for further discussion to discuss best ways to treat the sensitive issues addressed during therapy

In the event of my unexpected death or incapacitation, my Professional Executor may take control of records and contact clients to assist with necessary transition.

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

CLIENT SIGNATURE ____ DATE _____________________