

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

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Welcome. In our first meeting, we will discuss the issues that led you to seek my professional services. We will also review the limits to my being able to keep private the information you give me. If you are seeing me at Southdale Internal Medicine, please note that my services (including scheduling, medical recordkeeping, and billing) are completely separate from those of the clinic.

It is also important for us to discuss some practical matters. The information below is designed to explain many issues that often come up. Please take time to read it carefully. After you do, I will be happy to answer any questions and respond to any concerns that you might have about it.

PSYCHOLOGICAL SERVICES

You are about to begin an evaluation and possibly counseling because you want to make some changes in your life. I will work with you to achieve those goals, but cannot guarantee that the outcome will be what you are currently seeking. You may find that your goals change as you discover new insights and perspectives. There may be alternative treatments that would be helpful to you.

You have a right to know in advance that some sessions may be difficult for you. Along with change, people often experience emotional distress, such as frustration, anxiety, or self-doubt. You may experience changes in how you view your past, your wishes for the future, or your ideas about relationships. Whatever your path, I will do my best to be helpful.

MEETINGS

Our first one to two sessions will usually 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 and a treatment plan to follow. We will then usually schedule one 45- or 55-minute session per week at a time we agree on.

If you have questions about my procedures, we should discuss them whenever they arise. If you request it, I will be happy to refer you to another mental health professional for a second opinion.

PROFESSIONAL FEES AND BILLING

My fee is \$190-220.00 per session, depending on the length of the session. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will 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 therapy fees. From time to time, I raise my fees. The fee increase is usually less than 10%; I will provide at least two months notice of any fee increase.

MISSED APPOINTMENTS

When I schedule an appointment with you, I am reserving a block of time for you. Unless I have enough notice, this then becomes time that I cannot make available for any other purpose. I understand, however, that emergencies may come up that prevent you from keeping your appointment. I try to balance your needs and mine in the following way:

If you give me 48 hours notice of your intention not to use one of your appointments, I will not charge you. If you need to cancel an appointment scheduled on a Monday or the day after a holiday, I require two full business days' notice. With this notice, I can use the time for other purposes. If you do not give this notice, then I will charge you for the lost time at the rate of \$160.00. Please note that insurers do not reimburse for missed appointments, and often require that these missed appointments be noted on your statement of

charges. If you write me a check that is returned by the bank due to insufficient funds, you will be responsible for any bank fees charged.

INSURANCE COVERAGE

You have the right to know that most insurance companies require me to provide a clinical diagnosis. Sometimes insurance companies require additional clinical information such as progress notes, treatment plans, or summaries. This information will become part of the insurance company files and will probably be stored in a computer. Once these requests and/or case notes leave my office, I cannot control who will have access to your records. The information that I provide to the insurance company will become part of your record and may make it harder in the future for you to obtain health, life, or disability insurance. If you are attending therapy at the request of your employer, your employer has a right to verify that you are attending, but not to receive information about what we discuss.

If you use insurance to pay for my services, the issues for which you seek help may be limited by your insurance company. Your insurance company probably uses guidelines such as “medical necessity,” treatment guidelines focused on symptom reduction, and “return to previous level of functioning” to decide the goals of your therapy. Terms like “medical necessity” are not precise or defined in the same way by everyone. For example, insurance companies may consider treatment for significant depression, anxiety, or suicidal thoughts as medically necessary, but concerns such as marital problems, work stress, or parenting issues not medically necessary. Your treatment goals may not match the treatment guidelines used by your insurance company. I will tell you if I believe that the issues you would like to address in therapy are not likely to be considered “medically necessary” by your insurance company.

CONTACTING ME

I can be reached at 612.353.5414. If you are unable to reach me and feel that you can't wait for me to return your call, please contact your family physician or the nearest emergency room and ask for the psychologist on call, or call a crisis center. Some crisis numbers are:

Hennepin County COPE Team: (612) 596-1223
Riverwind Crisis Services (Anoka County): (763) 755-3801
Dakota County Crisis Line: (952) 891-7171

If you believe that you need 24-hour care and/or crisis intervention, I will be happy to refer you to a therapist or clinic that provides this service. Please discuss this with me immediately, so that an appropriate referral can be made.

In the event that I have an unexpected emergency and cannot come to the office, I will do my best to contact you. If I am unable to contact you myself, I have made arrangements for my colleague Gloria Levin, PsyD, LP, to contact my current clients. If you are unable to reach me and have not heard from Dr. Levin, you may call her at 612.871.2522 for an update.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will send them to a third party whom you identify. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence or that of another therapist so that the contents can be discussed. In the event of the need to close my practice on short notice due to my incapacitation or death, Dr. Levin has agreed to close my practice. She will have access to client medical records for the purpose of notifying clients of my incapacitation or death, addressing billing issues, arranging for the storage of medical records, etc.

CONFIDENTIALITY

The laws of the state of Minnesota, as well as the code of ethics of the American Psychological Association and other professional organizations, insure that conversations you have with me will be kept private or confidential. Your privacy is very important to me. You can assume that what you tell me in session will not be shared with anyone without your written permission to do so. However, there are some exceptions to rules about confidentiality, and you have the right to know these exceptions. Please know that the following list includes the most common situations and is not intended to be a complete list. There may be other situations in which the law requires me to break confidentiality.

1. If I believe that a child, elderly person, or disabled person is being abused or neglected, or has been within the past three years, I must file a report with the appropriate state agency and cooperate with any investigation. Neglect includes a pregnant woman's use of controlled substances for nonmedical purposes.
2. If you threaten to take your own life or someone else's, I will break confidence and call a family member, the police, or other emergency personnel. In case of a threat to the life of another, I have a legal obligation to warn any intended victim. If I believe that there is a serious and imminent risk of your harming yourself or someone else and you have told me that you have a firearm, I will contact law enforcement about this risk.
3. If your account has not been paid for more than 60 days, and we have not agreed on an arrangement for payment, 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. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.
4. If you sign a "Release of Information/Authorization" form, I can provide to and receive from the identified person or agency any and all information that you have authorized.
5. If you use insurance to pay for my services, there may be limits to your rights to confidentiality. For example, your insurer may request treatment reports from your file. Once these records leave my office, I cannot control who will have access to them.
6. If your insurance company audits my practice, the reviewer(s) will have access to your files.
7. If you file a malpractice suit against me, I am permitted by the courts to reveal facts about your therapy.
8. In addition to the above, there are other limitations to privacy. For example, if you share with me any information about a physician that could lead to disciplinary action by the Board of Medical Examiners, I am required to report that physician to the Board of Medical Examiners. If you disclose to me that you were ever sexually molested by a licensed health care professional, I am required to report that professional to his/her licensing board. If you disclose to me any possible ethics violations by a licensed health care professional, I may be required to report it.

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

This summary of exceptions to confidentiality is intended to inform you about potential problems. It is important that we discuss any questions or concerns that you may have. As you might expect, the laws related to these issues are quite complex and I am not an attorney. I am happy to discuss these issues with you; however, you should consult an attorney if you need specific advice.

CONSULTATION

I consult with other qualified professionals when I believe that consultations will help me provide better service to you. During these consultations, I make every effort to avoid revealing the identity of my clients. The consultant is legally bound to keep the information confidential.

TERMINATION OF COUNSELING

You will make the final decision about how long you will remain in counseling. Our work is a resource for you to use and it is your right to feel free to stop using that resource when you decide that stopping is in your best interest. I hope that the decision to end counseling will be discussed candidly and thoroughly with me. Endings may contribute to personal growth when they are fully discussed and a sense of closure is reached.

I look forward to the work we are about to start together. I hope you will find your experience meaningful and helpful. I will strive to use my best professional skills to help in the search for solutions to your concerns.

CONSENT

Please sign below to indicate that you have read the above "Informed Consent for Psychological Services," that you have had an opportunity to ask questions and discuss any concerns you may have about the policies outlined in this document, and that you understand and agree to abide by the principles and policies in this document.

Client signature

Date

Provider signature
Nancy J. Arikian, PhD, LP

Date