

INFORMED CONSENT FOR PSYCHOTHERAPY: SERVICES & POLICIES

General Information

The therapeutic relationship is unique in that it is a highly personal and, at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally, I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Meetings, Cancellations, and Lateness

Sessions are usually scheduled once or twice a week for 50 minutes, although occasionally some sessions may be less frequent. I kindly ask that, if you need to cancel or reschedule an appointment, you try to provide **at least 24 hours** advance notice to avoid being charged the regular session fee. This way I may be able to offer that slot to another client.

If you are running late for your appointment, please call or text me at (424) 535-4126 as soon as you can to let me know you will be late. Please note text message is not a secure means of communication, so please do not include any confidential information. If you are late for your session, we will still have to end at our regular time so that I have time to prepare for my next appointments and can be on time for them. Should I begin a session late, I will make up the missed time in some mutually agreeable fashion, e.g., by extending the session, if convenient for you.

Professional Fees

My standard fee for a 50-minute session of individual therapy is [REDACTED], and couple therapy is [REDACTED]. Fees for longer or shorter sessions will be prorated based on these amounts. There will be no charge for brief telephone calls. However, the typical session fee (prorated according to length) will apply for calls longer than 10 minutes, as well as telephone consultations, report writing, or other services you may request of me. If you become involved in legal proceedings that require my participation, standard fees will apply for time spent preparing records or treatment summaries, and time spent testifying, including appropriate travel time, even if I am called to testify by another party.

Billing & Payments

Payment is expected for each session at the time it is held. I accept cash, checks, and credit cards. Please note that if you pay by credit card, an approximate [REDACTED]% service fee will be added (this fee is subject to change). Payment schedules for other professional services will be agreed to when they are requested. There is a \$25 fee for returned checks.

If your account has not been paid for more than 60 days, I reserve the right to use legal means to secure payment, and will attempt to notify you prior to doing so. This course of action will involve either 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 of payment due.

Insurance Reimbursement

I am not affiliated with any health insurance networks. If you have "out-of-network" mental health coverage through your insurance plan, you may be eligible to receive partial reimbursement for therapy. It is recommended that you check with your insurance provider first to verify any coverage. Please note that you are responsible for full payment of my fees at the time of service.

If you verify that you have out-of-network mental health coverage, I can provide you with a document called a "superbill" either in electronic or hard copy for you to submit to your insurance for reimbursement. If need be, I would be happy to help you in understanding this process or any information you receive from your insurance company to facilitate you receiving reimbursement.

Contacting Me

The best way to contact me is via my HIPAA-secure email address, drjoyce@drerinjoyce.com. This email is fully encrypted and all information transmitted back and forth will be kept private and secure. That said, please reserve our email communication primarily for scheduling and other administrative purposes, and not to discuss any urgent or confidential matters. If any more urgent concerns arise between our sessions, you may request to schedule either an additional session or a phone call. If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your psychiatrist, your primary care provider, 911, or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You can also contact me via my practice cell phone (424-535-4126) that has confidential voicemail. Although I am often not immediately available by telephone, I check my voicemail regularly. I will make every effort to return your call on the same day or by the next business day. You may send me a text message, but please only to either schedule or modify an appointment, as this is not a secure means of communication.

Request for Records

As I am sure you are aware, I am required to keep records of the professional services I provide in the context of therapy and the therapeutic relationship. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that clients may not review them. However, I will

provide, at your request, a treatment summary, unless I believe that to do so would be emotionally damaging. In this case, I would be happy to send the summary to another mental health professional that is working with you. Please note that this transaction will be treated in the same manner as any other professional/clinical service and standard fees will apply.

Social Media Policy

I do not accept friend or contact requests from current or former clients on any social networking sites. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Please do not use messaging on social networking sites such as LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Please do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is via email at drjoyce@drerinjoyce.com, or phone at (424) 535-4126.

Please note that as new technology develops and the Internet changes, I may need to update the above policies. If so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

If you have any questions or concerns about any of the information in this form, it is important that we discuss them at our next meeting or as soon as possible. As a new client, you will be asked to provide your written acknowledgement on the separate "Client Agreement Form" that you have read this document and agree to the stated nature of services and to abide by the stated policies. Thank you.