Client Information & Consent Form- Adults

Welcome to Psychology & Counseling Associates, PC (PCA). This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on us unless we have 1) taken action in reliance on it; 2) if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or 3) you have not satisfied any financial obligations you have incurred.

BEHAVIORAL HEALTH SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the problems you are experiencing. There are many different methods we may use to deal with the problems you hope to address. Psychotherapy is not like a medical visit. Instead, it calls for an active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or hopelessness. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and reductions in feelings of distress, but there are no guarantees of what you will experience.

If you accept a referral for psychiatric services, treatment recommendations may include prescription medication. The psychiatrist will discuss risks and benefits of any medication prescribed. PCA policy states that people need to be in psychotherapy in order to see a psychiatrist through PCA.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your treatment will include and an initial treatment plan, if you decide to continue with therapy. You should consider this information along with your own assessment about whether your therapist is a person with whom you feel comfortable working. Therapy involves a large commitment of time, money, and energy. If you have questions about your treatment, diagnosis, or sessions, you should discuss them with your therapist whenever they arise. If you are unable to discuss your concerns with your therapist, you may call and ask to speak with the Director.

APPOINTMENTS

Each therapy session will be approximately 45 minutes in length. Please be aware that your therapist will make every effort to be available to you at your appointment time. Because this time could have been available to another person, we will expect you to keep any appointment you make unless an emergency occurs or you give 24 hour notice. **Please refer to the Financial Policy agreement for our financial policies.**

CONTACTING US

We maintain a voice mail system that is available to take your messages 24 hours a day. In most cases, non-urgent messages can be left on voice mail and will be picked up and returned within a few hours during daytime office hours. You can also send secure messages to your therapist through our patient portal. Please discuss this with your therapist. Messages should be for routine communication about appointments and other non-clinical matters.

Some of our therapists use email or texts for routine communication about appointments and other matters. Please see our separate authorization form for these communications.

EMERGENCIES

Your therapist, or someone else in the practice, will be on call for emergency assistance during regular office hours (9 am to 5 pm). From 5 pm to 9 am, weekends, and major holidays, emergency assistance will be handled by Belmont Behavioral Health (part of the Einstein Healthcare Network). When you call our voicemail system, follow the prompts for emergencies and you will be connected to an office person (during office hours) or to a representative at Belmont Behavioral Health (during non-office hours). Please identify yourself as a patient of Psychology and Counseling Associates when speaking to Belmont. You can reach Belmont Behavioral Health directly at 1-800-220-4357 or 215-581-3980.

If you are having any difficulty getting through to the appropriate person, or are unable to wait for a return call by a therapist (during office hours), or are in need of immediate attention, please go the nearest emergency room or call 911.

If you block anonymous calls, please turn off such blocking while you wait for a return call as we often return calls from confidential telephone numbers. Do not use email or texts for emergency communications.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a licensed mental health professional. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of any patient. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record.
- You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share your protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a

professional staff member. Even within PCA, only necessary information is shared. If more than one member of a family is in treatment here, therapists involved will share information only with your permission.

- We also have contacts with an electronic billing company, computer services providers and other vendors. As required by HIPAA, we have formal business associate contracts with these businesses, in which they promise to maintain confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract. Again, only necessary information is shared.
- Disclosures required by health insurers are discussed elsewhere in this agreement.

The HIPAA Notice spells out situations where we are required to release information even without your consent. There are some situations in addition to those included in the Notice where we are permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them
- If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves
- If we believe you are a danger to yourself or others, we will do whatever we need to do to protect you and others, including contacting your family, emergency services, or the police.
- If we have reason to suspect, on the basis of our professional judgment, that a child is or has been abused, we are required to report our suspicions to the authority or government agency vested to conduct child abuse investigations. (Please see the HIPAA Notice for more details.)

PROFESSIONAL RECORDS

The laws and standards of our professional require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in the presence of your therapist so the contents can be discussed. Patients will be charged an appropriate fee for any time spent in preparing information requests, and for the records themselves. If more than one person is seen in a family or couples' session (collateral meetings excluded), all individuals over 14 must consent to any release of the record.

INSURANCE REIMBURSEMENT

You should be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. Your health insurance company is required by state and federal law to maintain the privacy and security of

any information we share with them. If you have questions about what your health insurance company does with the information that is disclosed to them, you may contact them to request a copy of their Notice of Privacy Practices. Increasingly, billing is electronic, rather than dependent on paper claims forms. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Please refer to our Financial Policy for additional information.

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

_____ _____

Signature Date

Please Print Name: