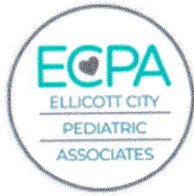


Therapy Informed Consent

This document contains important information related to professional counseling services, processes, ethics, and other policies that will guide the therapeutic relationship. The practice of professional counseling is governed by various laws, regulations, and codes of ethics. These regulations and codes require that you are aware of specific parameters, policies, and procedures that inform your receipt of professional services. Therefore, we are providing this information in writing.

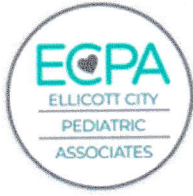
1. Client Rights and Important Information
 - a. Therapist is not expected to provide traditional Psychotherapy
 - b. Visits with the therapist are voluntary and typically initiated by your pediatrician
 - c. Routine consults are typically offered within 14 calendar days of 10 business days of a request for an appointment
 - d. Initial consults with the therapist are typically 30-45 minutes.
 - i. Brief, problem-focused assessment; develop goals; therapist will provide information and skills to help reach these goals
2. Notice of Confidentiality
 - a. Please see pamphlet provided by ECPA
 - i. There are times when a therapist must make an exception to confidentiality including:
 1. Reporting any suspected incident of child abuse or neglect to law enforcement
 2. Reporting the threat of imminent physical harm by a client (directed toward themselves or others)
3. Notice of Privacy Rights
 - a. Please see pamphlet provided by ECPA
4. Service Limitations
 - a. The therapist does not provide the following
 - i. Court ordered services
 - ii. Comprehensive evaluations (including for autism, intellectual disability, or specific learning disorders)
 - iii. Therapist does not get involved in ANY legal dispute
5. Billing and Payment
 - a. Insurance Reimbursement
 - i. Therapist is in network with BCBS, Cigna, Aetna, Hopkins/EHP, Maryland MA (Medicaid), and United Health Care
 1. Please contact your insurance for specific coverage information
 - b. Should your insurance not provide reimbursement for therapy, ECPA offers the option to pay out of pocket
6. Accessing the therapist
 - a. Therapist is not always available by phone. You can leave a message at 410-465-7550 x 130 or with the Front Desk
7. Minors, Caregivers, and Attendance
 - a. At least one caregiver MUST be present for the initial consult unless the patient is 18+
 - b. Caregivers should expect to be involved in follow ups as well (unless alternate plan has been created)
 - i. Sessions will at times include parents, patient, or a combination of both depending on age of the patient and problem being discussed
 - c. Patients 3 and older must be present for the initial consult



Mental and Behavioral Health Consultant Cancellation Policy

Cancellations and no-shows:

- We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, you **MUST** provide notice of cancellation **at least 24 hours ahead of your appointment** time. If notice is not received, a **\$50.00** no-show or late cancellation fee will be applied.
- If there are **two (2)** no shows or cancellations with less than 24 hours' notice within a **four (4) month period**, you will be unable to continue scheduling with the mental and behavioral health consultant (you may remain with the practice for medical care).
- If you are late for your appointment (**>15 minutes**), the mental and behavioral health consultant will not be able to keep your appointment and **it will count as a late cancellation and incur a fee**.



Written Acknowledgement Form (Mental and Behavioral Health Services)

Patient Name: _____ DOB: _____

I hereby acknowledge receipt and understanding of:

1. Notice of Ellicott City Pediatric Associates Mental and Behavioral Health Consultant Informed Consent
2. Ellicott City Pediatric Associates Mental and Behavioral Health Cancellation and No-Show Policy

Name [please print]: _____

Relationship to Patient: ☐ Parent ☐ Legal Guardian ☐ Self

Signature: _____

Date: _____