

## INFORMED CONSENT, TREATMENT AGREEMENT FOR PSYCHOLOGICAL SERVICES AND OFFICE POLICY

Welcome to the psychotherapy practice of Pamela Flint, Ph.D. This document contains important information about my professional services and business practices. Please read it carefully and note any questions you might have so I can answer them. I am a licensed psychologist practicing cognitive behavioral therapy (CBT) in the treatment of mood and anxiety disorders. This therapy targets one's thoughts and beliefs, mood states, and behavior.

I know there are lengthy forms to complete in this packet and it may seem like a lot of work. Much of this is required by state and federal laws and by the professional associations that I belong to. I must comply with these laws and ethical guidelines set by the Texas State Board of Psychologists. Some of the other forms are designed to give me the most information possible at the very start so I can best serve you. Your time spent providing this information will allow us to spend more time in our initial session talking about your concerns and needs rather than addressing information you provided in this packet.

**Purpose and Nature of Services Provided:** Psychologists help patients with mental, emotional, cognitive and behavioral difficulties. I provide multiple services including: consultation, cognitive behavioral psychotherapy (CBT) and career counseling.

Psychological consultation and psychotherapy is intended to help you reach a better understanding of specific problems and work toward resolution of the problems or offer support in problem solving and provide some symptom relief and improvement in coping with daily life activities. Your progress in psychotherapy and its outcome depends upon many factors including but not limited to your level of motivation and desire to change, the effort that you put forth in completing outside assignments, keeping your appointments, and your willingness to be open and honest with me as we work together.

**Methods and Procedures and Risks and Benefits of Psychotherapy:** Initially, I will conduct a clinical interview to assess the nature of the presenting problem(s). You might be asked to complete psychological inventories to gather additional information. Outside records from previous mental health providers or discussion with important family members may be requested for which a signed release of information is necessary.

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. These feelings or memories may bother you at school, home or at work. Some of the changes you make as a result of psychotherapy may not be welcomed by other people in your life. This may result in some strain in your relationships with family and others. Therapy may disrupt a romantic relationship. Sometimes, too, it is possible for a patient's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits leading to better relationships, solutions to specific problems and reductions in feelings of distress. But there are no guarantees of what you will experience. The outcome is based upon our joint effort in working collaboratively toward specific goals.

Progress in CBT depends on many factors such as the complexity, intensity and duration of the problem(s), the skill of the psychologist, your level of motivation and desire to change and other complex life and situational circumstances. While results cannot be guaranteed, most patients report some benefit from CBT.

Together we will typically agree on specific goals for therapy, such as symptom reduction, behavioral change, improved communication and/or interpersonal skills, the ability to return to work or school, etc.

Goals will in all likelihood change as the therapy progresses and should be renegotiated accordingly. The therapeutic approach used will vary and should be discussed with me whenever you have questions or when you believe therapy is not helpful.

Typically, our first few sessions will 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, if you decide to continue with therapy. 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 very careful about the therapist you select. If you have questions about my treatment procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another therapist for a second opinion or referral.

How long you remain in therapy is a matter best discussed while we work together to achieve your goals. While it is your right to end therapy at any time, when you decide to end treatment it is in your best interest to discuss this with me beforehand.

**Length of Session and Meetings:** The frequency of our sessions will be discussed and determined by mutual agreement. Your sessions will last for 45 to 50 minutes. Once an appointment is scheduled, you will be expected to pay for it if you do not cancel 24 hours in advance. Insurance companies do not provide payment for sessions you did not attend.

**Professional Fees:** Your fee per 45 minute session is set by your insurance company, unless you are paying directly for services. You are expected to pay for each session at the time it is held unless you have insurance. You will need to contact your insurance company and obtain pre-authorization for psychotherapy (if it is required in your policy). Also, find out if you have a yearly deductible (if so has it been met?) and the amount of co-payment that is due for each session. **If your insurance carrier denies payment for any reason, you and not the insurance company are still responsible for paying your bill.** In addition to psychotherapy sessions, I charge this amount for other professional services you may need. I will pro-rate the cost if I work for periods of less than one hour. Other professional services such as report writing, telephone conversations of 5 minutes or more, consultation with other professionals with your written permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me will incur additional charges. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. If you become involved in any legal matter that requires my services there is a fee of \$150 per hour and this includes preparation time, travel time, and attendance at any legal proceeding. It is unlikely that your insurance company will pay for any of these charges.

**Charge for Missed Appointments:** There is a charge at the agreed upon session fee for missed appointments or cancellations made without 24 hours notice. The charge is waived in the case of an emergency.

**Charge for Phone Consultations:** There is a charge at the agreed upon session fee for all phone conversations that exceed ten minutes. The charge is pro-rated.

**Availability, Office Hours and Contacting Me:** My office hours vary in accordance with the part-time nature of my practice. I am often not immediately available by telephone. Messages may be left for me at **(214) 728-7201**. I routinely return calls within 8 hours during regular business hours (that is between 9:00 AM and 5:00 PM) Monday through Friday. Please set your phone to accept private calls, otherwise I may be unable to reach you. If you are difficult to reach, please let the answering service know of some times when you will be available.

**If you experience a life-threatening emergency, go to the nearest hospital emergency room and request to see a mental health professional. Another option is to call 911.** If you are suicidal you can call the Denton county crisis line **1-800-762-0157** or the Suicide Prevention Lifeline **1-800-273-TALK**. If you have insurance you can call the number listed on the back of your card and get a referral to an in-network psychiatric hospital for consultation with an intake specialist. If you are taking any psychotropic medications, it is important to coordinate a crisis response plan with your physician to determine what steps you should take in a crisis. If at any time you experience suicidal thoughts during our work together we will develop a detailed Crisis Response Plan specific to keeping you safe. When a Crisis Response Plan is developed it is important you have it readily available to use should the need arise. It will detail steps for you to follow.

**Limits on Confidentiality:** The ethics code of the American Psychological Association of which I am a member and the federal HIPAA all protect the privacy of all communications between you and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. The authorization will remain in effect for a length of time you determine. In most cases, it cannot exceed 90 days. You may revoke the authorization at any time, unless I have taken action in reliance on it. However, there are some disclosures that do not require your authorization. **Exceptions and limitations of your confidentiality** include the following:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization. However, if a judge issues a court order for you records, I am obligated to obey the order. In this case, I will contact you so you could consult with your attorney. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose your records.
2. If you are evaluated to be a danger to self or to others.
3. If you are a minor, elderly, or disabled and I believe you are a victim of abuse, or if you divulge information about such abuse, I am required by law to notify authorities.
4. If you file suit against me for breach of duty.
5. If a court order or other legal proceeding or statute requires disclosure of your information.
6. If you waive the rights to privilege or give written consent to disclose information.
7. If third party payers (i.e., insurance companies) or those involved in collecting fees for services require information.
8. Information contained in communications via computers with limited security/control, such as e-mail and telephone conversations via cell phone is not secure and can compromise your privacy.

Most insurance companies require you to allow me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as a treatment plan or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files and will probably be stored in a computer. 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 possession. In some cases, they may share the information with a national medical information databank.

Many of the above exceptions rarely occur and, should the situation arise, I will make every effort to discuss it with you before release of your information takes place. While the above exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific legal advice, I recommend you consult an attorney.

**Records:** Documentation of all visits consists of a summary of each meeting including general issues addressed, symptoms, level of functioning, mental status, diagnosis and treatment plans. The records can be misinterpreted and/or can be upsetting to lay readers. In the rare case that you request your records, I can arrange to go over them with you so we can discuss the contents and I can answer any questions. Although it is unlikely that I will release a copy of your records to you directly, I would release them to another licensed mental health professional per your written request for such a release. I would also provide you with a summary of the records if so requested. There is a session fee for this service and it is not covered by insurance.

The following section is important if you are currently suicidal or if you become suicidal during treatment

**Treatment of Suicidality and Risks Involved:** if you are presenting with some form of suicidal thinking or intent of self harm, it is important to recognize the risks inherent in treatment, as well as a decision not to seek treatment. Randomized controlled trials for the treatment of suicidality have found re-attempt rates during treatment as high as 47%, with some psychological treatments including CBT, significantly reducing the rate of subsequent attempts. The risk of a suicide attempt during treatment is greatest for those who have made multiple suicide attempts (i.e., two or more) and are therefore at chronic risk of suicide. Treatments have also been found effective at preventing repeat suicide attempts, reducing symptoms related to suicidality (e.g. depression, anxiety, and hopelessness), and associated problems (e.g. interpersonal stress, problem-solving ability). One of the risks both in and out of treatment for various disorders (e.g. major depression, bipolar disorder, schizophrenia, anorexia, borderline personality disorder) is death, although this is infrequent and relatively rare. Specific rates vary across diagnoses in outpatient (or inpatient) care. Treatments for all of these problems have been found to be effective. If you would like diagnosis-specific information, please let me know.

If you have suicidal thoughts, intent or behavior, we will talk more specifically about this issue in our commitment to treatment agreement. A primary target in treatment will be the reduction of suicidal behaviors. An important element of therapy involves learning new skills that will help you to manage your emotions, behavioral reactions, and relationships with others more effectively without suicidal behavior. As you learn these new skills, you should begin to notice improvements in your mood and how you feel you are managing your life.

You should be aware that we will talk about some things that will be very painful for you. We will do this when both of us believe that you have acquired the skills to be able to deal with these emotions and we will work together to help you benefit from these experiences.

Early in your therapy we will set up a Crisis Response Plan that will include specific steps for you to follow when you begin to feel upset or in a crisis, I will expect you to make every effort to carry out these plans and we will address any obstacles that come up when you try to use this plan. The Crisis Response Plan is a very critical part of your treatment and it is less likely that your treatment will be successful if you do not utilize this plan.

It is likely that use of the plan and a willingness to engage fully in the treatment process will reduce risks and increase the effectiveness of treatment. Given the risk of problems in treatment for those with chronic suicidality that is, anyone who has attempted suicide two or more times in the past, it's important to recognize and understand the potential need for family support and involvement in your care. This might mean allowing me to contact a designated and trusted family member or close friend when you are in a suicidal crisis. It is also critical to recognize the need for an honest and trusting relationship in treatment, one allowing for you to be direct, open, and specific when problems with treatment compliance emerge.

I give my consent for psychological treatment by Pamela Flint, Ph.D.

I authorize the release of any medical or other information necessary to process my claims. I also request payment of government benefits to the party who accepts assignment.

I authorize payment of medical benefits to Pamela Flint, Ph.D.

I understand my responsibility to pay the fee for service. If applicable, I understand it is my responsibility to determine my copayment and my annual deductible. Please have your payment available at the beginning of each session to allow us to focus on you during the rest of the session.

I understand that the counseling session is **45 to 50 minutes** in length.

I agree to pay for any missed appointments and my insurance company will not reimburse me for missed appointments. To avoid a fee, please give 24 hours advanced notice if you must cancel or reschedule an appointment.

Please be informed that confidentiality cannot be guaranteed with electronic communication. You need to have at least one form of communication (text message, email and /or voice mail/phone) available.

I have read the informed consent and general information about Dr. Flint's practice and understand that I can access it online on her website. I am also aware that I can ask Dr. Flint for a paper copy of the informed consent.

**I understand that if I am experiencing a medical or psychiatric emergency I have been advised to dial 911 or go to nearest emergency room.**

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT I HAVE REVIEWED THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE of PRIVACY PRACTICES.**

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Signature of Patient or Authorized Representative

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Date Signed