

Consent for Treatment & Notice of Business Policies and Privacy Practices

This document contains important information related to my professional services and business policies. Please read it carefully. Questions related to this agreement can be discussed at any time. When you sign this document, it will represent an agreement between us. The information provided herein regarding my policies for protecting the privacy of confidential medical information is provided as required by law.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to consider the things we talk about both during and between our sessions.

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. On the other hand, psychotherapy has also been proven to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, improvements in mood, and significant reductions in feelings of distress.

Psychotherapy is a collaborative process which includes working together to set goals, consider duration of treatment, and conclusion of treatment. It involves an initial evaluation, which may take several sessions to complete. By the end of the evaluation period, I will be able to offer you some initial impressions of how our work together would be helpful and some of the difficulties that we would address if you were to decide to continue with therapy. You should evaluate this information along with your own impressions of whether you feel comfortable working with me. If you have questions or concerns about our work together, I am very open to feedback and encourage you to discuss them with me whenever they arise. If you decide at any time that our work together is not satisfactory, I would be happy to help you determine the best course of action to take, including stopping treatment altogether or beginning treatment with another mental health professional.

Sessions

During the initial evaluation, we can both decide if I am the best person to provide the services that you need. If we decide to work together in psychotherapy, I will typically schedule one 50 minute session per week at a time we agree upon. Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **48 hours notice** is required to reschedule or cancel an appointment. Your full appointment fee will be charged for missed sessions without such notification. Since missed appointments cannot be billed to insurance carriers, you will be solely responsible for paying for those appointments.

Snow Cancellation Policy

In the event of dangerous road due to snow/ice, a teletherapy appointment may be scheduled during the same week to avoid a late cancellation fee.

Professional Fees

My hourly fee is \$600, unless otherwise specified in our Financial Agreement. In addition to regular appointments, I charge this amount for other professional services you may need, though I will prorate the hourly cost in 15 minute increments if I work for periods of less than one hour. Other services may include report writing (other than my standard documentation), telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my time.

Billing and Payment for Services

Unless otherwise agreed upon, payment is expected at the time of service, prior to the session beginning. Payment schedules for other professional services will be determined at the time they are requested. I will provide you with a monthly receipt, if requested. Based upon your needs, and if mutually agreed upon, I may be willing to negotiate a reduced fee or billing agreement. Checks are payable to Vanessa Weinbach, Ph.D.

If your account is 30-days past due and/or exceeds \$500, it may result in services being suspended or terminated and an alternate referral given. In addition, I reserve the right to charge your unpaid fees to your credit card. Please notify me if any problems arise during the course of your therapy regarding your ability to make timely payment. *By signing this Consent, you authorize me to charge your credit card for any outstanding balance as described above.*

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Whenever possible, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. If I cannot submit claims on your behalf, I will provide you a superbill for services rendered and offer whatever assistance I can in helping you receive the benefits to which you are entitled. You should carefully read the section in your insurance coverage booklet that describes outpatient mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. It is important to remember that you always have the right to pay for my services yourself to avoid any problems with coverage.

For claims submitted, you should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Rarely I have to provide additional clinical information such as treatment plans or summaries in order to get a claim covered. This information will become part of the insurance company files and will probably be stored in a computer. I will provide your insurance company with only the information required in order to meet their administrative needs. *By signing this Consent, you authorize me to provide information to your insurance company as needed for payment of services.*

Confidentiality

In general, all information discussed during psychotherapy is confidential and may not be revealed to anyone without your written permission, except under certain conditions where disclosure may be required by law:

- ◆ If you report the intent to harm yourself or someone else or their property
- ◆ If you reveal information about suspected child, elder or dependent adult abuse (e.g., physical, sexual, emotional, financial)
- ◆ If you report that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act.

Be aware that if you use your insurance to pay for psychotherapy, I will need to disclose clinical diagnosis and treatment plans or summaries as discussed in the section above.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

In order to release any information to another party, unless it is an emergency/mandated report and expediency is needed, I will ask that you sign an *Authorization to Disclose Information*. You may revoke your *Authorization* at any time.

Confidentiality for Minors

For patients under eighteen years of age, the law provides parents/legal guardians the right to examine treatment records. It is my policy to request an agreement from parents that they agree to give up access to minor patient's records. If they agree, I will provide them only with general information about the treatment and recommendations for the patient's care at home, unless I feel there is a high risk that the minor patient is facing serious jeopardy or harm. In that case, I will notify parents of my concern. I will also provide them with a summary of the treatment when it is complete. Before giving parents any information, I will discuss the matter with the minor patient, if possible, and do my best to handle any objections the minor patient may have with what I am prepared to discuss.

Client Litigation

I will not voluntarily participate in any litigation, or custody dispute in which a client or client's representative, and another individual, or entity, are parties. I have a policy of no communication with a client's or client representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, the client or client's representative agrees to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at the hourly rate of \$600.

Your Rights Regarding Information in Your Medical Record

Right to Inspect and Copy

You are entitled to receive a copy of your medical record, unless I believe that receiving that information would be emotionally damaging. Since these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records or receive a copy of your records, I require written notice to that effect, and I would expect to discuss your request with you in person. If I deny you access to your records, you can request to speak with an independent colleague of mine about your request. Your request for independent review of your request should also be made in writing. If you are provided with a copy of your medical record information, I may charge a fee for any costs associated with that request.

Right to Amend

If you believe that the information I have about you is incorrect or incomplete, you may ask me to amend that information. It is my practice to accept this sort of request in writing and that any information you may wish to add to your record also be provided to me in written form.

Right to an Accounting of Disclosures

You have the right to request an "Accounting of Disclosures." This is a list of the disclosures I have made of medical record information. This information is listed on the *Authorization to Disclose Information* and will be provided to you at your written request.

Right to Request Restrictions

You have the right to privacy, and to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. As noted above, I will not release your confidential information without your written permission. Any restrictions to your *Authorization to Disclose Information* should be specified on the *Authorization*.

Right to Request Confidential Communications

You have the right to request that I communicate with you only in certain ways. For example, you can ask that I not leave a telephone message for you, send emails, or that I only contact you at work or by mail.

Complaints Regarding Privacy Rights

The Department of Public Health receives and responds to questions and complaints regarding the practice of psychology. You may contact them by calling 800-842-0038, at www.CT.gov/DHP, or by writing to the Department of Public Health 410 Capitol Avenue, PO Box 340308, Hartford, CT 06134.

You have the right to a paper copy of this document, and you will be offered one when you sign the original for your medical record. I reserve the right to change my policies as outlined herein. If they change, you will be informed of that change and will be provided with a copy of the current document if desired.

Contacting Me

I am often not immediately available by telephone. When I am unavailable, please leave a message on my voicemail system or send me an email. I monitor messages frequently and will make every effort to get back to you as soon as possible, typically within 24 hours, with the exception of weekends. I am unable to provide 24-hour crisis service. In emergencies, you can attempt to reach me at my office number and leave an appropriate message. If you feel that you can't wait for a return call, you should call "911", or go to your nearest emergency room.

Acknowledgement

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement/Consent. Moreover, you agree to hold the therapist (Vanessa Weinbach, Ph.D.) free and harmless for any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I understand that I am financially responsible to Vanessa Weinbach, Ph.D. for all charges including unpaid charges by my insurance company or any third party payor.

Signature: _____ Date: _____

Print Name: _____

Psychologist's Signature: _____ Date _____

Vanessa Weinbach, PhD
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