

INFORMED CONSENT TO PSYCHOLOGICAL SERVICES

Psychological services are based on a relationship between people that works partly because of clearly defined rights and responsibilities held by each person. You have a right to understand the evaluation and treatment procedure being used with you. It is important to be an informed and knowledgeable client and it is always appropriate to ask questions about your psychologist, his or her therapeutic approach, and your progress with the evaluation and/or treatment process. You are free to stop psychological services at any time.

It is often helpful to have a written copy of office policies that you may refer to at your convenience. This document contains important information about my professional services and business policies. If you have any questions after reading this form, please feel free to discuss them with me before signing the attached agreement.

Confidentiality

Naturally, I will need to know a great deal about you. Except for the situations described below, you have the right to privacy during our work together. Anyone at my office involved in your care is aware of the importance of confidentiality. Nearly all issues discussed in the course of treatment are strictly confidential. I cannot share any information about our work together without your prior written permission, except in the circumstances outlined below. You may direct me to disclose information with whomever you choose, and you can change your mind and revoke that permission at any time.

You may ask anyone you wish to attend a therapy session with you, but let me know in advance so we can decide what information, if any, you want to be kept confidential during that session. Any individual you invite into session is not legally my client, so I cannot have any outside contact with this person without your signed consent. If you are participating in couples or family therapy, please be aware that both you and other individuals in therapy with you are considered to be the "client." It is my policy to openly discuss and agree on how information you provide me individually will be managed. In most cases, I believe it is best to avoid secrets among participants.

It is important that you fully understand the limitations of confidentiality in order for you to make an informed decision regarding what you tell me. By law, I am required to disclose confidential information to the appropriate persons and/or agencies if any of the following conditions exist:

- I evaluate you to be a danger to yourself or others.
- You are a minor, elderly, or disabled and I believe you are the victim of abuse or if you divulge information about such abuse.
- You are involved in legal proceedings in which the court subpoenas your mental health records.
- You waive your rights to privilege or give consent to disclosure of information.

Benefits and Risks of Psychotherapy

Psychotherapy can have benefits and risks. Since therapy sometimes involves discussing difficult aspects of your life, you may at times experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, or helplessness. Obviously I will do my best to

support you in coping with these emotional challenges. Although there is no guarantee, psychotherapy has been shown to have considerable benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. The more truthful you are with me, the easier it will be for me to help you. I do my best to create an atmosphere in which it feels safe to disclose your true thoughts and feelings.

Minors

If you are under 18 years of age, please be aware that the law may provide parents with the right to examine your psychological records. Because psychotherapy requires trust and privacy to work effectively, it will be important for the therapist, parent(s), and minor to agree on how information will be exchanged during the course of treatment. With adolescents, the clinical goal is typically to maximize privacy, with the exception of issues that compromise the physical safety of the minor. Parents/guardians will be provided with general information on how treatment is proceeding. Before giving parents/guardians any information, I will discuss the matter with the minor and will do my best to resolve any objections the minor may have about what I am prepared to discuss.

Record-keeping

I normally keep brief records, noting your participation and a brief discussion of what occurred during our session. You have a right to review your mental health record and to correct any errors in your file. You can request in writing that I send information to any other health care professional. I maintain your records in a secure location to protect your privacy.

Termination of Services

In an ideal situation, we will jointly make a decision regarding when you will end services. If your care is being paid for by a third-party payer (e.g. insurance company), we will have to work with the benefits of your policy and the time frame dictated by your insurance. If you want to continue services beyond that covered by your insurance, we can certainly discuss the financial implications of doing so.

You have a right to terminate services at any time. I respectfully request that you inform me directly if you would like to end so that I can take the necessary steps to discharge you from my care and close your file. If you do not show up for a scheduled appointment and I do not have any contact from you for four weeks, I will assume that you are ready to terminate services and will discharge you automatically. Please note that if you leave without informing me, I will not be willing to consider restarting services with you unless we discuss why you left in this manner.

Fees

The full fee is collected at the end of each session unless other acceptable arrangements have been made in advance. I will make every effort to keep the number of your visits to a minimum. In general, the number of sessions you require and the length of each session will depend on the issues you are working on, the amount of between-session effort you put into your therapy goals, and the complexity of the problems. In unusual circumstances, you may become involved in litigation that may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. In addition, there may be charges for:

- Administration, scoring, and interpretation of any psychological tests.
- Reports, letters, or extended consultations on behalf of clients to physicians, agencies, employers, etc.
- Lengthy between-session phone calls.

My fees generally average \$125 per hour. The following are examples of some of the current fees for various psychological services offered:

Initial evaluation:	\$175
Individual Psychotherapy (45 minutes):	\$125
Couples/Family Therapy (45 minutes):	\$150

I will be happy to discuss fees for your particular service(s) with you.

You will be assessed a \$25 charge for any check that is returned by the bank because of insufficient funds. Please be aware that unpaid accounts may be referred to an outside agency for collection. However, this action will only be taken as a last effort to collect fees after other means of collection have been unsuccessful. No clinical information will be shared with the collection agency in this effort.

Insurance

Many insurance plans cover psychological services. In order to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. Generally, it is your responsibility to understand your insurance benefits and to file necessary paperwork for reimbursement. However, I will try to assist you as much as possible. You, not your insurance company, are responsible for full payment of the fee to which we have agreed. Payment is due at the end of the session unless other arrangements have been made in advance. If this policy causes you undue hardship, please talk with me about other options. Please be sure to fill out insurance/insured information accurately on my office intake form. I will not be responsible for erroneous claims due to incomplete insurance information.

The escalation of health care costs has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. Such plans are often oriented toward short-term treatment approaches that are designed to resolve specific problems interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In my experience, while quite a great deal can be accomplished in short-term therapy, many clients feel that more services are necessary after insurance benefits expire. Some managed care plans will not allow me to provide services to you once your benefits are no longer available. If this is the case, we can discuss alternate ways of receiving services, including finding another provider who will help you continue your care or paying for services privately.

You should also be aware that most insurance agreements require a clinical diagnosis, as well as additional clinical information such as treatment plan or summary. In rare cases, a copy of the entire record may be requested. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, I will provide you with a copy of any report that I submit.

Once I have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end our sessions.

It is important to remember that you always have the right to pay for my services yourself and avoid the complexities described.

Worker's Compensation, Medicare, and Medicaid

If your care is being paid for by Worker's Compensation benefits, Medicare, or Medicaid I must bill the insurance carrier for services. Please also be aware that your mental health records may be forwarded to the insurance company as documentation of the services provided before I can be reimbursed. Your records may also be forwarded to your primary physician. Any other requests for your records must be accompanied by a properly executed Release of Information, which is available in this office.

Email

If you need to send me a secure email, you may do so by accessing a secure email form on my website (<http://www.healthfulchanges.com/resources.htm>). Please understand that email is not a secure form of communication, so I cannot guarantee the confidentiality of your communication. If I receive an email from you, I typically will not respond in any detailed way due to the compromised security. Please do not use email for rescheduling or canceling appointments.

Emergencies and Phone Calls

I may be unavailable outside regular business hours and cannot guarantee availability in the event of an emergency. If you have an urgent matter after normal business hours that cannot wait until the next business day, you may page the psychologist on call at 877.548.2389. Either I or one of my colleagues will attempt to return your page. If a life-threatening emergency arises, I ask that you seek help immediately from your physician or a hospital emergency room. IF YOU ARE UNABLE TO MAKE IT TO THE HOSPITAL, CALL 911. University Hospital (210.358.2524), 4502 Medical Drive in San Antonio, has psychiatric care available in the emergency room at all times, as do most other community hospitals.

I can generally be reached by phone (210.493.6554) from 8:00 A.M. to 5:00 P.M., Monday through Friday, should you need to contact me for any reason. Please leave me a detailed voice mail message with your name and the phone number where I may reach you. I make every effort to return your call within 24 hours, with the exception of weekends, vacation, and holidays.

Ethics and Professional Standards

As a licensed psychologist, I am regulated by the Texas State Board of Examiners of Psychologists and am accountable for my work with you. If you have any concerns about the course of evaluation or treatment, please discuss them with me. I look forward to working with you.

Agreement

Please sign and return the attached agreement page to indicate that you have read and understand the conditions and policies stated in this document. By signing the agreement, you indicate that you understand you are responsible for fulfilling your therapeutic and financial responsibilities.

AGREEMENT

I have been given a copy of Dr. Poonam Sharma's Informed Consent to Psychological Services, which provides information on Limits of Confidentiality, Fees and Other Financial Issues, Emergencies and Phone Calls, as well as General Office Policies. I understand and agree to the conditions and policies stated in that document. By signing this agreement, I understand I am responsible for fulfilling my therapeutic and financial responsibilities.

Name of Client or Guardian

Date

Signature of Client or Guardian