

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Including Notice of Health Insurance Portability and Accountability Act

I agree to participate in psychological services with Kenneth R. Philipp, Psy.D. I will discuss with Dr. Philipp the aspects of this psychotherapy contract and clarify any element which seems unclear to me.

Conduct of Therapy

I have the right to participate in a discussion regarding Dr. Philipp's evaluation and diagnostic formulation, as well as the assessment techniques and methods of treatment which will be used. The nature of the treatment will be described, including the extent, its possible side effects, and possible alternative forms of treatment. The specific goals of therapy will be developed by mutual agreement between Dr. Philipp and myself. I understand I may withdraw from treatment at any time, but if I decide to do this, I will discuss my plan with Dr. Philipp before acting on it.

Scheduling

I understand that the typical session runs 45-50 minutes. Any adjustment to this time allotment will be discussed and agreed to prior to the beginning of the session.

Fees

Dr. Philipp's current session rate is **\$125.00**.

The rates for specialized services such as psychological testing, review of records, and report writing will be discussed with me prior to the provision of these services.

In the event of third party payment, I understand it is my responsibility to make arrangements with Dr. Philipp and my insurance company prior to my first appointment. This will enable me to know if Dr. Philipp will be covered by my insurance and what the corresponding co-payment amounts will be.

Cancellation Policy

In order to provide sufficient time to reschedule an appointment, Dr. Philipp requests advance cancellation notice of 48 hours prior to the appointment time. I agree to pay the full fee for missed appointments and those not cancelled within the 48 hour time period. No portion of the missed appointment will be billed to a third party such as insurance.

Confidentiality

In general, the confidentiality of all communication between a patient and psychologist is protected by law. Dr. Philipp can only release information about our work to others with my written permission. There are a few exceptions, however.

Court Proceedings

In most judicial proceedings I have the right to prevent Dr. Philipp from testifying. However, in child custody proceedings, adoption proceedings, and proceedings in which my emotional condition is an important element, a judge could require the testimony of my psychotherapist. If I am involved in litigation, or am anticipating litigation, and I choose to include my mental or emotional state as part of the litigation, Dr. Philipp may have to reveal part or all of my treatment or evaluation records.

If I am called as a witness in criminal proceedings, opposing counsel may have some limited access to my treatment records. Psychotherapist testimony may also be ordered in (a) legal proceeding relating to psychiatric hospitalization; (b) in malpractice and disciplinary proceedings brought against a psychologist; (c) court-ordered psychological evaluations; and (d) certain legal cases where the client has died.

Mandated Release of Information

In addition, there are some circumstances when a psychologist is required to breach confidentiality without a patient's permission. This occurs in the event of suspected neglect or abuse of a minor, dependant adult, or an elderly adult. If, in Dr. Philipp's professional judgment, it is believed that a patient is threatening serious harm to himself/herself or another, he is required to take protective action which may include notifying the police, warning the intended victim, and/or seeking the client's hospitalization

Consultation

Dr. Philipp may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations Dr. Philipp will make every effort to avoid revealing my identity. The consultant is, of course, also legally bound to maintain confidentiality

Treatment Records

Dr. Philipp maintains psychotherapy treatment records. This includes diagnosis, symptoms, dates of treatment, type of treatment, theme of sessions, treatment plan, and psychological testing. I am entitled to receive a copy of these records, unless it is believed the information would be emotionally damaging. In such cases, the records must be made available to my legal designee. If I require these records, I will provide a formal request well in advance of the date needed. I understand I will be charged an appropriate fee for preparation.

Dr. Philipp also maintains psychotherapy notes which are considered independent of the psychotherapy record. The notes are used to aid in case formulation and to ensure the continuity of therapy. These notes are not part of the psychotherapy record and remain the property of Dr. Philipp.

Third Party Reimbursement (Insurance)

If I use third party reimbursement, Dr. Philipp will provide the payor with information such as patient identifying data, dates of treatment, types of treatment, and a clinical diagnosis. Sometimes a program may also require additional information such as a clinical review, a treatment plan, or treatment summary. If the information was released in written form, I may request a copy from Dr. Philipp.

Minors

If I am under eighteen years of age, please be aware that while the specific content of our communication is confidential, your parents have a right to receive general information on the progress of the treatment.

Group, Family, and Marital Therapy

In group, family, and marital therapy all participants are required to consent to the release of information prior to the release of information related to each participant.

While this summary of exceptions to confidentiality was intended to be helpful in informing me about potential problems, I am aware that the laws governing these issues are often confusing. Dr. Philipp encourages active discussion of these issues with him. In addition, because he is not an attorney, I understand that for more specific advice, formal legal consultation may be desirable.

I have read, fully understand, and agree to the above.

Signature

Date

Signature

Date