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Client-therapist informed consent agreement

Thank you for choosing me as your counselor. I realized that choosing to enter into counseling is a major decision, and you may have many questions. This document is intended to inform you about me and our policies as well as state and Federal laws regarding your rights.

I received my bachelor's in psychology and philosophy as well as my masters and EDS in counseling from the College of William and Mary. I received my doctorate in psychology from California Southern University. I have been licensed as a professional counselor since 1989. I worked at a state hospital for eight years and at a community mental health center for another 24 years. In addition, I have also taken many courses and continuing education credits in counseling. I also provide supervision to counselors in training for their professional counseling license. I use a collaborative approach in counseling and supervision. I work with you to establish goals and define the best way of meeting your goals. Our work together may include solution focused, narrative, cognitive-behavioral, and other therapeutic ways of working together. I use Client Directed Outcomes Informed measures to help track your progress and our work together.

My business address is 1313 Jamestown Road, Suite 105 in Williamsburg. We have a 24 hour answering service and the number is the same as the office number – 757-253-1462. I am almost always available at this number during the week. I can also be reached at this number after hours and on weekends and holidays. I am often with clients on weekdays but I will call you back as quickly as I can.

Collaboration with other providers and/or significant others _____ (initial)

If you are being prescribed psychotropic medication by a psychiatrist or your primary care physician, I will ask you to sign a consent to release information form to that provider so that we can coordinate our work.

There may also be times when you want a person who is an important support for you to be involved in your care as well. In this case, you would also need to sign a consent to release information.

My philosophy is that you and I are a team working together to help you meet goals that you set.

Confidentiality _____ (initial)

Our work together is confidential but there are certain state and Federal laws that require reporting information. These include the following:

- Diagnosis and dates of service shared with your insurance company (if billing insurance) to collect payments.
- Mandated reporting of abuse or neglect of children.
- Threats of suicide or homicide.

- Cases where the you have signed a consent to release information.
- Information necessary for supervision or consultation.
- Information released as outlined in the HIPAA Notice of Privacy.
- Mandated reporting of neglect or abuse of the elderly or disabled.
- Crimes committed against therapy providers.
- When working with couples, my policy is that there are no secrets. When one member of the couple provides me with information, the person is expected to share that with his/her partner.

Sessions _____ (initial)

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services that you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on. The other ten minutes are for required documentation. If you must cancel a scheduled appointment, you must provide at least 24 hours advance notice of cancellation. If 24 hours notice is not given, you will be expected to pay a late cancellation fee of \$75, unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

If possible, I will try to find another time to reschedule the appointment the same week.

Professional Fees _____ (initial)

My hourly fee is \$120. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, 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 all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$150 per hour for preparation and attendance at any legal proceeding.

Emergencies _____ (initial)

If you have a mental health emergency outside of business hours, call our 757-253-1462 number. Dependent on the nature of the emergency you may want to call 911 or go to the nearest hospital emergency room. You and I will discuss these circumstances during our initial session.

Billing and Payment _____ (initial)

You will be expected to pay for each session or make a co-payment at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the

only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

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. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, *you*, not your insurance company, are responsible for full payment of my fees.

It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear up confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Plans often require authorization before they provide reimbursement for mental health services and give a limited number of visits at one time. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short term therapy, some patients feel that they need more services after insurance benefits end.

Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis and brief substantiation of that diagnosis. Sometimes I am required to provide additional clinical information. This information is limited to the dates of treatment and a brief description of the services provided. This information will become part of the insurance company files. 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 hands. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once we 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 they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

Your Health Information Record _____ (initial)

Your Health Information Record consists of intake and progress notes as well as the CDOI measures – the Outcomes Rating Scale and the Session Rating Scale. Your record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, and your medical and social history. It also includes your treatment history,

any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent, including your insurance carrier. Except in unusual circumstances involving danger to yourself, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee of \$0.15 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Record, you have a right of review, which I will discuss with you upon your request.

Client signature and date

Print Name Please