

INFORMED CONSENT FOR TREATMENT

Lara C. Wrigley

PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to Lara Wrigley, Psy. D. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information and you were given the signature acknowledgement along with the Intake Packet.

When you sign this services agreement, it will also represent a contract between us. You may revoke this Agreement in writing at any time. That revocation will be binding on Lara C. Wrigley Psy.D. unless we have taken action in reliance on the signed contract; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

CREDENTIALS

I am a licensed psychologist (Maryland license 04303). I hold a Psy.D. degree from The American School of Professional Psychology, Clinical Psychology Track, accredited by the American Psychological Association. I completed my internship at the Psychiatric Institute of Washington D.C. I am a member of the American Psychological Association, the Maryland Psychological Association, the Society for the Exploration of Psychotherapy Integration and the Association of Family and Conciliation Courts.

GOALS OF PSYCHOTHERAPY

I am committed to helping my clients

- find solutions to their problems,
- more fully develop their opportunities,
- become more flexible, adaptive and stable.
- develop a stronger, more cohesive, more authentic sense of self,
- develop better, healthier, more secure relationships,
- realize a greater sense of emotional well-being,
- and create more meaningful, engaged, intentional, and vital lives.

VALUES OF PSYCHOTHERAPY

I work from these values:

Respect

- I am committed to you and your well-being—I am in your corner.
- I do not see problems as reflecting personal deficits and failures; rather, I see them as inescapable parts of the human condition and as opportunities for learning.
- I look for your courage, resilience, wisdom, competency, and creativity.

Empathy

- I listen to you, and then listen again, and then listen some more. I start with listening and end with listening.
- When I listen, I strive to understand.
- I check out my understanding with you and correct my understanding when I am off base.

Genuineness

- I am real with you.
- I genuinely care about your well-being.

Collaboration

- Our relationship is person-to-person and egalitarian.
- We are both highly active in therapy, and together, we agree upon the goals and procedures of therapy.

Empowerment

- You as the expert on your life—I serve as your facilitator, teacher, guide, and consultant.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. 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 work on things we talk about both during our sessions and at home.

BENEFITS AND RISKS

For 50 years, social scientists have conducted many thousands of studies to examine the question of whether or not psychotherapy works. When they examine the collective outcomes of these studies, they conclude that psychotherapy does indeed work. From these studies, we can confidently say that most people who engage in psychotherapy benefit from it, making lasting changes in the way they think feel, and act and achieving valued and lasting outcomes in their lives.

However, some risks do exist. In fact, about 10% of people who receive psychotherapy are worse off after therapy than before. These risks can include discussing difficult and distressing aspects of life and experiencing such uncomfortable feelings as sadness, anger, guilt, anxiety, despair, or shame. Ultimately, psychotherapy involves feeling, thinking, and acting in new ways, ways that may feel quite challenging.

Yet we know that about 70% of clients truly benefit from therapy. Through therapy, they reduce their feelings of distress and increase their feelings of well-being, resolve or better manage their problems, more fully develop their opportunities, develop a stronger and more cohesive sense of self, develop better relationships, and create more meaningful, engaged, and vital lives.

Although I cannot offer you guarantees, I anticipate that you too will experience these benefits.

ETHICS AND LAWS

I follow the code ethic principles and code of conduct developed by the American Psychological Association. I also follow both the Maryland laws and the regulations of the Maryland Board of Examiners of Psychologists concerning the practice of psychology. These laws and regulations can be found in most law libraries in Maryland.

MEETINGS, TERMINATION, AND CANCELLATIONS

In our first couple of sessions, we will talk about the concerns that brought you into therapy, some of the conditions of your life, and your goals for therapy. Then, I will offer you my first impressions of what our work will entail and a preliminary treatment plan. You should evaluate carefully this information along with your own sense of whether you feel comfortable working with me. As you know, therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select.

Please note that research has found that the best predictor of whether or not therapy will work is whether the client feels deeply accepted, respected, and understood by his or her therapist by around the third session.

After this initial evaluation, if we decide to continue, we will contract for a given number of sessions. As these sessions near their end, we will evaluate our progress. If you decide to continue, we will contract for a given number of additional sessions. If you decide to end therapy—and you have the right to terminate at any time—we will discuss whether or not you need additional services from another professional. If you do need additional services, I will give you referrals, help you contact these professionals, and ensure that you begin your new treatment before we end our work.

When doing therapy, we usually meet for one 50-minute session each week. We can, however, discuss and make other arrangements.

If you need to cancel an appointment, please call me at least 24 hours before the appointment. If you don't give me this advance notice, I will ask you to pay for the missed session. Please note that insurance companies do not reimburse for late cancellations or missed appointments.

In the event that I cannot make it into the office because of snow or ice, I will put a message on my voice mail saying that my office is closed. In general, when Baltimore County public schools are closed, my office is also closed.

When I am on a trip, on vacation, or sick, I will let you know in advance and will give you the name of another therapist whom you can see should you have an emergency.

Finally and importantly, I strongly encourage you to raise your questions or concerns at any time about (a) our working relationship, (b) our treatment goals, and (c) our procedures. If therapy is not working well for you in any of these crucial areas, we need to discuss how to get back on the right track. If we cannot get back on the right track, we need to ask whether you would find it more beneficial to work with another therapist

PROFESSIONAL FEES

Fee Schedule

Psychotherapy for Children/Adolescents	Fee
Diagnostic evaluation: 90 minute with the parents (90801)	\$150/hour
Individual Therapy (90806)	\$ 130/hour
School observation (99362)	\$ 130/hour
Psychotherapy for Adults	
Individual Therapy (90806)	130/hour

Sliding Scale

I offer a sliding scale for those patients who are unable to pay full fee. This scale is based upon household income. We can discuss the details of this scale prior to or during our first appointment.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time of service.

Payment for other professional services will be billed to you or charged to your credit card account with written authorization.

If your account has not been paid for more than 60 days, the Practice has 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 the Practice to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, your signature below indicates agreement to pay such additional collection costs, charges, and expenses including but not limited to court costs, private process server fees, investigative fees, or other costs incurred in collection and reasonable attorney's fees which are to be calculated as 25% of the entire balance due and owing.

INSURANCE REIMBURSEMENT

The practice does not participate with any insurance plans or panels. You are responsible for researching your health insurance and filing for reimbursement.

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. The Practice will provide you with a detailed bill of services to be attached to your insurance forms for reimbursement. I will complete forms provided by you when they are necessary for you to receive reimbursement from your carrier.

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.

You should also be aware that your contract with your health insurance company might require that I provide it with information relevant to the services provided to you. Maryland permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I may be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Maryland law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes. If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention and we can discuss what to do. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has this information, it 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, the Practice has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

OTHER FEES

If you become involved in legal proceedings that require the participation of me, you will be expected to pay for all of the professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the preparation for testimony, the charge of \$350 per hour for preparation and attendance at any legal proceedings will be in effect.

A minimum charge of \$500 will be assessed for canceling therapy time to be available for a court appearance. Once therapy time is cancelled, this fee will be assessed whether the case settles or the therapist is called to testify or not.

CONTACTING ME

When I am working, I cannot answer the phone, and you will reach my voice mail at 410-226-6947. I am the only person who has access to this voice mail, so you may leave a message, confident that your message is private. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays.

You may also contact me at larawrig@msn.com.

LIMITS OF TELEHEALTH

Modern technology brings with it several options and complications for communication with me. In the course of treatment, we may elect to communicate via the cell phone, email, instant messaging, fax, voicemail, video conferencing or other technologies. Confidentiality may be compromised by any of these means given that central servers, switching towers and satellites carry these signals. All technology of these types presents the risk that communication may be accessed by unauthorized individuals. I cannot guarantee the confidentiality of any of these forms of communication.

Should you elect to use any of these media, you acknowledge that I can not assure confidentiality of the material shared through any of these means and that Lara C. Wrigley, Psy.D. will be held harmless should breaches occur through any of these means of communication.

LACK OF EMERGENCY COVERAGE

Please note that I do not provide emergency coverage. If you do have an emergency, especially if you are considering harming yourself or committing suicide, please call 911 or go to your nearest hospital emergency room and ask for the psychologist or psychiatrist on call. You can also call Baltimore Crisis Response Center at 410-433-5175 or Baltimore County Crisis Response System at 410-931-2214. Please let me know when you have done this, and I will call you as soon as I can.

If I will be away for a week or more, I will give you the name and number of a psychologist or psychiatrist you can call while I am away.

Please initial here that you have read this emergency policy and fully understand it:

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a therapist. In most situations, the therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Maryland law. However, in the following situations, no authorization is required:

- In my profession's tradition, I find it helpful to consult and to seek supervision regularly with other professionals about my clients. In these consultations, I make every effort to keep the identity of my clients confidential. The consultant, too, is legally bound to confidentiality. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- When I am unavailable for emergency contact (such as for vacation or illness), I may provide the psychologist or psychiatrist providing coverage limited clinical information about such critical issues as safety problems or acute crises.
- 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 written authorization, or a court order. 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 information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

There are some situations in which I am legally obligated to take actions. These included situations in which I believe action is necessary to attempt to protect others from harm. In these circumstances I may have to reveal some information about a patient's treatment. These situations are unusual in this Practice.

- If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that the therapist file a report with the appropriate government agency, usually the local office of the Department of Social Services. Once such a report is filed, the therapist may be required to provide additional information.
- If I know that a patient has a propensity for violence and the patient indicates that he/she has the intention to inflict imminent physical injury upon a specified victim(s), I may be required to take protective actions. These actions may include establishing and undertaking a treatment plan that is calculated to eliminate the
- possibility that the patient will carry out the threat, seeking hospitalization of the patient and/or informing the potential victim or the police about the threat.
- If I believe that there is an imminent risk that a patient will inflict serious physical harm or death on him/herself, or that immediate disclosure is required to provide for the patient's emergency health care needs, I may be required to take appropriate protective actions, including initiating hospitalization and/or notifying family members or others who can protect the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit disclosure to what is necessary.

While this written summary of 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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It 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, your medical and social history, your treatment history, any past treatment records that the I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that disclosure is reasonably likely to endanger the life or physical safety of you or another person, 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. If I refuse your request for access to your Clinical Records, you have a right of review, which I will discuss with you upon request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of conversations, analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record in a locked file within my office. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that knowledge of the health care information would be injurious to your health.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of Protected Health Information (PHI). These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and the Practice's privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Parents and Patients under 16 years of age who are not emancipated should be aware that the law might allow parents to examine their child's treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually the Practice's policy to request an agreement from any patient between 16 and 18 and his/her parents allowing me to share general information about the progress of treatment and their child's attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do his/her best to handle any objections he/she may have.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND WILL ABIDE BY ITS TERMS AND WANT TO CONTRACT FOR TREATMENT WITH YOUR INFORMED CONSENT. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE REVIEWED THE HIPAA NOTICE FORM DESCRIBED ABOVE AND BEEN GIVEN A COPY OF THE HIPAA REGULATIONS PERTAINING TO MENTAL HEALTH TREATMENT.

I elect to engage in therapy with Lara C. Wrigley PsyD,

PATIENT SIGNATURE(SEAL)_____ DATE _____

PARENT/GUARDIAN(SEAL)_____ DATE: _____

WITNESS_____ DATE _____