

THERAPIST-PATIENT INFORMED CONSENT AGREEMENT

G. Michael Kampschaefer, Psy.D, ABPP
Psychologist-Psychoanalyst

Welcome to my practice. This agreement contains important information about my professional services and business policies. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. A copy of such privacy notice is provided in your registration packet. The law requires that I obtain your signature acknowledging that I have provided you with this information.

Psychological Services

Psychotherapy and Psychoanalysis are as much art as they are science. While many people have been shown to benefit from it, the results cannot be guaranteed. Whether or not a particular individual will benefit depends upon many factors, including how serious the problems are, how long the problems have existed, how well the person functioned before the problems began, and how much support is available from family and friends.

It is important to be aware of the possible risks of being involved in psychotherapy. Although psychotherapy is unlikely to be harmful, it may not produce any significant improvement. In addition, self-examination and exploration of one's feelings and thoughts may result in emotional pain and actually feeling worse than when treatment began during some periods of time. It is expected, however, that these periods will not last. There are also likely to be times when a person feels discouraged because noticeable progress is not being made. Progress is typically not steady, but will wax and wane.

Limits of Confidentiality

Conversations with me are almost always confidential. The exceptions are in the area of legal responsibility. Please refer to Section III, page 2 of The Privacy Notice for more detailed explanation.

Contacting Your Therapist

Due to my work schedule, I am often not immediately available by telephone. You may leave a message on my voicemail and I will make every effort to return your call on the same day that you make it, with the exceptions of weekends and holidays. I do not provide a 24 hour emergency service. In the event of a psychological emergency, you are advised to go to the emergency room of a local hospital.

Appointments

When psychotherapy is begun sessions will typically be scheduled, usually from one to four sessions per week.

Cancellation Policy

I have a fixed and moderate patient load so that I can provide the best quality of care for you. When you have a scheduled appointment, that time is reserved solely for you. If you must cancel an appointment and do so at least 24 hours in advance, you will not be charged for your missed appointment. If you cancel less than 24 hours in advanced you will be charged for the missed appointment at full fee.

It is important to note that insurance companies do not provide reimbursement for cancelled or failed sessions.

Billing and Payments

You will be expected to pay for each session at the time it is provided, unless you have insurance coverage or other arrangements have been made. You will be liable for all fees owing on your account when you terminate services. If your account balance exceeds \$300.00 and you are not making efforts to keep it below this amount, I may temporarily interrupt services until the desired balance can be reached.

There will be a charge of \$10.00 in addition to the bank service charge on all returned checks.

Professional Fees

My charges are detailed in the initial registration information packet. I charge for other professional services, according to the time involved. Other services include report writing, lengthy telephone conversations, and time spent performing other services you may request of me.

Insurance Reimbursement

If you have a health insurance policy for which I am a provider, my staff will fill out forms and help you receive the benefits to which you are entitled; however, you 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 coverage, call your plan administrator.

Verification of insurance benefits does not guarantee payment for services. Payment depends on a number of factors including the beneficiary's eligibility, benefit plan limitations and the coordination of benefits with other plans. Benefits under Managed Care insurance companies often must be pre-certified and deemed medically necessary by the clinical case manager. If my services are not considered medically necessary, you will be billed for these services. Such services may include conjoint sessions for adults and/or families, family without patient sessions, and school consultations/observations.

Authorization and Acknowledgement

I do hereby seek and consent to participate in evaluation and/or treatment. I have read the above information and understand the contents. I agree to pay for professional services as they are received. If insurance is filed on my behalf, I agree to be financially responsible for any service provided which my insurance company may deem not medically necessary. I authorize _____ to release any information requested to my insurance carrier for the purpose of processing claims. I agree not to call you as a witness in domestic litigation.

I have received information regarding the notice of privacy practices which explains how this office will use and disclose my health information of the purposes of my treatment, payment for my treatment, and health care operations.

Patient's full legal name (print)

Signature of patient or legally authorized representative and relationship to patient

Date

Witnessing Staff Signature