**BEASON-SMITH PSYCHOLOGICAL SERVICES, PLLC**

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**INFORMED CONSENT FOR SERVICES**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purposes of treatment, payment, and health care operations. 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. This Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time.

**Psychological Services**

Therapy may include a variety of therapeutic approaches and can be short term or long term in nature. It can be hard work, and regular attendance will produce the maximum effects. Therapy varies depending on the personalities of the psychologist and the client, and the particular problems experienced. There are many different methods that may be used to deal with the problems to be addressed. Psychotherapy calls for very active participation on your part, and in order for it to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, loneliness, and helplessness. However, through this challenging work, many benefits can be experienced, such as, improved relationships, decreased distress, and greater personal satisfaction.

Our first few sessions will involve a thorough history taking and evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information and make a decision about whether the plan fits with your needs and you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, and it is important to be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your concerns or doubts persist, I will be happy to help you obtain an appropriate consultation with another mental health professional.

**Sessions**

I typically conduct an ongoing evaluation over the first several sessions. During this time, we can both decide if I am the best person to provide services you need in order to meet your treatment goals. Once we begin psychotherapy, we will most likely schedule one 45-50 minute session per week at a time we agree on, although some sessions may be longer or more frequent depending on the nature of the treatment.

**Contacting Me**

Due to my work and family schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call as soon as possible. If you call after 6:00 or during the weekend or holidays, I will return your call on the next business day. If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician, call 911, or call the nearest emergency room and ask for the psychologist or psychiatrist on-call. If I will be unavailable for an extended period of time, I will always have a colleague available for you to contact in case of emergency.

**Confidentiality**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information to others about your treatment if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this current agreement provides consent for those activities as follows:

* I may occasionally find it helpful to consult other health and mental health professions about a case. During our consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel it is important for our work together. I will note all consultations in your Clinical Record.
* If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her and/or to contact family members, or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

* If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist/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 patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
* If a patient files a worker’s compensations claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment:

* If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
* If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon him or her, other than by accidental means, or that he or she has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once I have filed such a report, I may be required to provide additional information.
* If I determine that patient presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and /or contacting the police, and/or seeking hospitalization for the patient.

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

**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 your life, diagnosis, goals that we set for treatment, progress toward those goals, medical and social history, treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone. Except in unusual circumstances that involve danger to yourself or others and I believe that access is reasonably likely to cause substantial harm to such other person, you or your legal representative 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 require that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record and information supplie d to me confidentially by others. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy notes are not available to you. They also cannot be sent to anyone else without your written, signed authorization.

**Patient Rights**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record 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 your 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 my privacy policies and procedures.

**Professional Fees**

The fee for a 45-50 minute therapy session is $150. I will break down the hourly cost if we work for periods of less than 45-50 minutes. The fee for psychological testing and diagnostic evaluation is $200/hour. You will be expected to pay for each session at the time it is held. If you are not able to keep a scheduled appointment, please cancel or reschedule at least 24 hours in advance. If you do not do so, you will be billed for the missed session at the same rate. The only exceptions are unforeseen or unavoidable situations arising suddenly.

You are fully responsible for this fee, but I will help you in getting payments from any insurance coverage you have. Although I am not on any insurance panels, many insurance companies will reimburse for out-of-network providers, and you may receive a portion of your fee back from your insurance company. It is your responsibility to contact your insurance company and gather information about fee reimbursement and any paperwork that must be completed.

**CONSENT FOR SERVICES**

Your signature below indicates that you have read the Professional Services Agreement, and agree to its terms, and also serves as an acknowledgement that you have received the HIPAA Notice Form described above.

**PATIENT**

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Signature of Patient Date

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Name of Patient (*Please print*)

**TREATING PSYCHOLOGIST**

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Signature of Treating Psychologist Date

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Name of Treating Psychologist