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## INFORMED CONSENT FOR THERAPY SERVICES

Welcome to my practice. This document contains important information that I am required to share about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them when we meet. When you sign this document, it will represent an agreement between us.

### Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the problems you hope to address. There are many different methods I may use to deal with those problems.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness because therapy often involves discussing unpleasant aspects of your life. On the other hand, psychotherapy has also been shown to have benefits for people who go through it because it often leads to better relationships, solutions to specific problems, greater awareness and insight, more skills for managing stress, and significant reductions in feelings of distress. There are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs after which, I will be able to offer you some initial impressions of what therapy might include. As we begin to work together, you should evaluate my initial recommendations and decide whether you feel comfortable working with me as your therapist. I will also consider whether I believe I am the right therapist for you; if not, I will give you referrals to others who may be better suited to help you.

If you have questions about my procedures, please bring them up whenever they arise. I take your questions seriously and want to be able to respond to your concerns. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional.

### Appointments

Once we decide to work together, we will agree on the frequency of sessions and find times that are convenient for you based on my availability. I appreciate the time, money and energy that therapy requires and want you to be comfortable with your decision to work with me. The time scheduled for your appointment is reserved for you. Therapy sessions will ordinarily be 45-50 minutes in duration.

### Cancellations

If you need to cancel or reschedule a session, please give me 24 hour's notice. After your first cancellation with less than 24 hour's notice or no show, it is my policy to collect a missed appointment fee for all future late cancellations or no-shows. Once an appointment is

scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. This allows me to continue to reserve the scheduled time for you despite schedule disruptions. If you are ill, please stay home and take care of yourself; you will not be charged.

### Termination

If you do not attend our sessions for two weeks in a row with no communication about the absences, I will take you off the schedule as a courtesy to you. I will close your file with me if you haven't communicated with me in 90 days. You are always welcome to resume regular therapy sessions later. Should you decide to terminate therapy, I request that we have a final termination session to review your progress and tie up any loose ends. Conversely, if I feel our professional relationship is not benefitting you, I may choose to terminate therapy. I would still request a final termination session and would provide you with resources and providers who may be a better fit for your needs.

### Professional Fees

- The fee for individual sessions (45-50 minutes) is \$150.
- Additional professional services will be billed on a prorated basis of my session fee, rounded to the nearest 15-minute increment, beginning at 15 minutes. These services may include report writing, phone calls longer than 15 minutes, forms required for insurance, treatment summaries or other paperwork, attendance at meetings you have authorized or other services you request of me.
- If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, including travel, preparation, appearances and time on-call, even if the request comes from another party.
- I charge search and copying fees according to Maryland's guidelines.

### Payments

I do not accept insurance. I can provide a bill for you to file with your insurance company for reimbursement for out-of-network services. Not all insurance companies reimburse for out-of-network providers; I urge you check with your insurance carrier so that you are aware of your benefits and responsibilities. Please keep in mind that you, not your insurance company, are responsible for full payment of fees. You may require pre-authorization for mental health services or have a limited number of sessions eligible for reimbursement.

I ask that you pay the session fee at the time of your session unless prior arrangements have been made. Payments may be made by check or cash. I also accept Venmo.

### Unpaid Accounts

Should you have problems meeting your payment obligations, please let me know so that we may set up a reasonable payment plan. Overdue accounts (those unpaid for 60 days or those for which an agreed-upon payment plan is not followed) may be turned over to a collection

agency or taken to small claims court, as a last resort for nonpayment. Costs for those actions will be included in the claim.

### Communication

I am often not immediately available by telephone. Though I am usually in my office between 9:00 am and 5:00 pm on weekdays, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, except for weekends and holidays. If you are difficult to reach, please give me some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call and this is an emergency, contact the nearest emergency room and ask for the psychologist or psychiatrist on call or dial 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

### Electronic Communication

Because the use of various types of electronic communication is common and many people feel comfortable with or prefer to communicate by text and email, I have outlined my policy below. Unfortunately, these methods of communication put your privacy at risk and can be inconsistent with the law and standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

#### *Email Communications*

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to communicate with me. If you need to discuss a clinical matter, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone and face-to-face context are simply the most secure way of communicating.

#### *Text Messaging*

Because text messaging is a very unsecure method of communicating, I will only use it for the purposes of setting, cancelling, or changing appointments.

#### *Social Media*

I do not communicate with, or contact, any of my clients through social media platforms like Twitter, Facebook, or Instagram. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you and can interfere with your therapy,

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

### *Websites*

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

### *Web Searches*

I will not use web searches to gather information about you without your permission. I believe that such a search violates your privacy rights; however, I understand that you might choose to gather information about me in this way. You may find information about me on certain business review sites, like Yelp or Google Business. It is unethical for psychologists to respond to comments or correct errors on these sites because of confidentiality restrictions. I encourage you not to rate my work while we are in treatment together on any of these websites as it compromises your privacy and can damage our ability to work together.

## **Confidentiality**

Confidentiality and client privacy are critical to our working relationship and protected by law. As much as possible, I will not disclose information to any person who you have not given me explicit, written permission to talk to.

In certain situations, I am not legally able to maintain confidentiality. Situations where your confidentiality will be limited or revoked include:

- 1) Disclosure of abuse of an elderly person, disabled person, or child
- 2) Disclosure of intent to do serious bodily harm to another
- 3) Disclosure of intent to harm yourself
- 4) Contact by an insurance company (by using your insurance, you authorize me to release information to your insurance company, including, diagnosis, treatment plan, progress notes, summaries, copy of records)
- 5) Use of a collection agency to collect an overdue account (name, dates/times, nature of services, amount due)
- 6) Being subject to a subpoena issued by a court for my records (a judge may order my testimony if he/she/they determine that the issues demand it, and I must comply with that court order)

If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have when we meet. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

## SIGNATURE

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

*If you do not have access to a printer, by typing your name and date below, you are indicating that you have read the information in this document and agree to abide by its terms during our professional relationship.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_