

CONSENT FOR TREATMENT

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ABOUT MY SERVICES

Welcome to my practice. This document contains important information 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 at our next meeting. 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 patient, and the particular problems you bring forward. There are many different methods I 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. For the therapy 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 unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first 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 along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS & CANCELLATIONS

I normally conduct an initial evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need to meet your treatment goals. If psychotherapy is warranted and we agree to start follow-up sessions, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a mutually agreed upon day and time. Occasionally, when needed, additional sessions may be arranged or more occasional sessions such as biweekly or monthly can be arranged.

Therapy is most effective when you and I meet on a very regular basis. Your appointment time is reserved for you and you alone. Cancellations or missed sessions are very disruptive to good therapy, and you must do everything you can to avoid them. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours notice of cancellation [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 you cannot keep your appointment, please leave a message and we will reschedule as soon as our schedules allow.

PROFESSIONAL FEES

My fee for an initial assessment is \$260 and for follow-up visits, \$180 per session. Processing fees apply when using a credit card. However, I will bill according to what my contract with your insurance company allows. In addition to weekly appointments, I charge the latter 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 appointment hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, 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 my professional time even if I am called to testify by another party. Note: Because of the difficulty of legal involvement, I charge \$180 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless I am an in-network provider for an insurance carrier, e.g., Aetna Student Health. In those cases, you will be paying my contract rate plus any deductibles or co-pays. At your request, I will provide you with periodic billing summaries if you need them for insurance or healthcare spending accounts. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

Accounting and billing is conducted by a professional healthcare management specialist. I have a business agreement with this person to maintain the confidentiality of this data. The information I provide to this individual includes fees related to sessions (or late cancellations) and basic information insurance companies may require.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, interest charges of 18% APR will be added to your account. 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.

My standard method of billing is in person, however when that is not possible, I will send correspondence to you at the US mailing address you provide. If you wish for my accountant or me to send this information in a different fashion, viz., email, please let me know by adding this information to the 'Alternative Handling of Confidential Information' section at the end of this notice.

INSURANCE REIMBURSEMENT

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. I will fill out forms and provide you with whatever assistance I 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, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I 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. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I must provide additional clinical information such as treatment plans or summaries, or copies of

the entire record (in rare cases). This information will become part of the insurance company files and will probably be electronically stored. 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. In some cases, they may share the information with a national medical information databank. 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 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 our sessions. It is important to remember that you always have the right to pay for my services yourself. In this case, you may choose to restrict or avoid any disclosures to insurers [unless prohibited by your contract].

CONTACTING ME: Phone, email and texts

I am often not immediately available by telephone. When I am unavailable, my voicemail is the best means of reaching me. I will do my best to respond within 24 hours, but sometimes it may be as long as 48 hours, especially weekends or holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health specialist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. This will typically be my colleague in our shared office, Dr. Jes Sellers

Email and texting are not confidential and should be used with caution. 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 and text messages 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 contact me. If you need to discuss a clinical matter with me, 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 or face-to-face context simply is much more secure as a mode of communication.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment plan records including dates of service and progress updates. You are entitled to receive a copy of your records, unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. If you request this information, I will prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I can prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort 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. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

REQUEST FOR ALTERNATIVE CONFIDENTIAL HANDLING OF HEALTH INFORMATION

I request that Dr. LaFleur or her billing accountant contact me in the following, alternative manner. Please leave specific instructions regarding how we are to communicate with you, for example, the best addresses (email, US Mail; cell phone, etc.). List permissible options below:

If you leave blank the above section of the Request for Alternative Handling of Confidential Health Information (above), the standard office procedures described in the Agreement will be followed.

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

Signature

Date

Printed Name

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