

AKRON FAMILY INSTITUTE

INFORMED CONSENT

THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to Akron Family Institute. 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 regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

THERAPY SERVICES

Therapy is a professional relationship between a client and a therapist that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who actively participate in it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. However, there are no guarantees about the outcomes of therapy. In order to be most successful, you will need to be very active in the therapy process, including working on things we discuss outside of sessions.

The first few sessions will involve a comprehensive evaluation of your needs and setting goals, as well as a discussion of an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. 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 connect with another mental health professional.

APPOINTMENTS

Appointments or sessions will ordinarily be 45-50 minutes in duration. The frequency of sessions varies greatly and is based on several factors, such as the intensity of your symptoms and degree of functional impairment. The time scheduled for your appointment is assigned to you and you alone. Should you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling or cancel with less than 24-hour notice, my policy is to collect \$80 [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 missed or canceled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule

the appointment. In addition, you are responsible for coming to your session on time; if you are late, your session will still need to end on time.

PROFESSIONAL FEES

In addition to appointments or sessions, it is my practice to charge on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. Except in unusual circumstances that involve danger to yourself, you have the right to request a copy of those notes and/or that they are sent to another mental health professional. Because these are professional records, they contain complex information that may be difficult to accurately interpret and/or comprehend and could be upsetting to untrained readers. Thus, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other healthcare provider via the completion of a release of information (ROI) form.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document. Please remember that you may reopen the conversation anytime during our work together.

CONTACTING ME

I am rarely immediately available by telephone due to the nature and privacy of therapy. You may leave a message on my confidential voicemail, and your call will be returned as soon as possible. Please note that it may take a day or two for me to respond to non-urgent matters. I also do NOT check messages in the evenings when I am not working or on any weekends. I will attempt to inform you in advance of planned absences and provide you with the name of the colleague covering in my absence.

Should a more urgent issue arise, and you feel you cannot wait for a return call or are unable to keep yourself safe, you should: call 911, go to your local Hospital Emergency Room, call the National Suicide and Crisis Line (dial 988), or utilize the Crisis Text Line (text HOME to 741741).

OTHER RIGHTS

If you are dissatisfied with any aspect of our professional relationship and/or therapy, I encourage you to bring these concerns to my attention so that we may discuss and address them.

