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**INTRODUCTION AND INFORMED CONSENT
FOR RECEIVING PSYCHOLOGICAL SERVICES**

Welcome to my practice. I am looking forward to working with you. This document contains important information about my professional services and business policies. Please read it carefully and make sure you understand it before signing it. Our mutual understanding of these terms and policies will help us use our time and efforts efficiently and may also reduce the possibility of future misunderstandings about the therapeutic process. This signed document will represent an agreement between us for you to receive psychological services.

Professional Background

I earned my Bachelor's degree in Psychology from Earlham College, in Richmond, Indiana, with a minor in Spanish. After working with seriously mentally ill adults for three years, I went on to earn my Master's and Doctoral degrees in Clinical Psychology from the Pacific Graduate School of Psychology in Palo Alto, California. I completed my pre-doctoral internship in Washington D.C., post-doctoral training in the Baltimore City Public Schools, and then became a licensed psychologist in Maryland. In 2005, I moved to Indiana and became a licensed psychologist and health service provider of psychology (HSPP).

Appointments

I schedule appointments on Mondays between 10:00 am and 5:00 pm and Tuesdays and Thursdays between 3:30 and 8:00 pm. Therapy sessions consist of 45 minutes of face-to-face time, plus 15 minutes of separate time that I reserve for activities such as case management, billing, phone calls, and emails.

Once treatment begins, session times occur on a weekly basis for each client (for example, 2:30 p.m. on Tuesdays). Since session times are reserved especially for each client, I have a 24-hour cancellation policy, **with the exception of emergencies**. The definition of an emergency will be discussed on an individual basis should one occur, but an emergency means events such as an illness, death in the family, inclement weather, and events like these that would be seen by both of us as presenting unforeseeable obstacles to keeping the appointment. **Except in the case of an emergency, I charge a flat fee of \$70.00 for any missed appointments with less than 24 hours notice.** Please note that insurance will not cover this charge and you are solely responsible for this payment.

Note: This is an individual private practice and although I share this suite with a colleague, our clinical and financial policies are separate. In other words, I am completely independent in providing you with clinical services and I am fully responsible for those services.

Messages

With the rare exception, I do not accept phone calls during client hours. During those times and other times when I am not accessible in the office, my calls are answered by confidential voicemail. You may also contact me by email: **shiningpsych@yahoo.com**. I will return all phone calls and emails as quickly as possible and, if necessary, will schedule extra appointments to help you manage an urgent situation. Except in a crisis, when meeting face-to-face is not a practical option based on my professional judgment, I generally do not provide therapy over the phone or by email. In the case of a crisis that is not life-threatening, a face-to-face meeting as soon as possible would be strongly recommended. In the case of a life-threatening emergency, please call 911 or go to the nearest hospital emergency room for assistance. The crisis numbers for local hospitals are: Clarian North Hospital: 1-800-745-4838 or 317-639-HELP; Community Hospital North: 1-800-662-3445; or St. Vincent's Stress Center: 1-800-872-2210. When I am unavailable for any extended period of time, calls identified as urgent will be returned by one of my colleagues who is also a licensed Health Service Provider in Psychology. Other non-urgent calls will be returned by me when I have returned to the office.

Treatment

My general theoretical orientation reflects a systemic, community-based perspective help build healthier families and communities. I tailor my approach to fit each individual's needs and do not use a cookie-cutter approach. Using empirically based Cognitive Behavior Therapy (CBT) and Solution Based Therapy strategies, I incorporate Positive Psychology principals in striving to meet your mental health goals.

Confidentiality

All aspects of your treatment are confidential. Client charts are kept in a locked file cabinet that is only accessible to me. I will need your written permission if you wish me to discuss your treatment with anyone else. However, there are three important exceptions to confidentiality protections.

Exceptions to Confidentiality

- If I believe, in my professional opinion, that you are an *imminent* threat to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
- If you give me information pertaining to the abuse or neglect of a child, an elderly person, or a disabled person, past or present, and the victim is identified, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of such abuse to the local authorities.
- I may also be required to discuss aspects of your treatment without your permission if I am subpoenaed or court-ordered to do so.

These situations rarely occur. In the event of a situation such as described above, however, I will make every effort to fully discuss it with you before taking any action.

Peer Consultation

I may occasionally consult with fellow colleagues (i.e., other mental health professionals) about some of the clients I work with. These consultations with my peers are crucial in ensuring that I am providing you with the best health care possible. During such consultations, I protect your confidentiality by making sure that identifying information such your name is not disclosed. My peers are legally bound to keep discussed information confidential as well.

Termination

Termination of psychotherapy may occur at any time and may be initiated by the client or the therapist. Optimally, termination occurs after we mutually agree that treatment goals have been met and maintained. The number of total sessions varies widely depending upon individual goals. Generally, I see clients once a week for durations from 8 weeks to up to a year or more if needed. When significant progress has been made, reducing the frequency of sessions to bi-monthly or monthly sessions is recommended to ensure that progress is being satisfactorily maintained before termination. I request that, if a decision regarding termination is being considered, there be at least one session before ending therapy so that the reasons for ending therapy can be fully explored. Upon termination, referrals to continue treatment with another therapist will be made upon request.

Charges and Payments (Please also see the Fee Schedule on page 6 of this document)

The charges for my services are based on the fee profiles for this area and my experience and expertise. My charges are outlined on the fee schedule on the last page of this document. Fees include time spent on your behalf, including record keeping, session preparation, and routine telephone calls and emails for the purpose of scheduling or clarifying billing information. If you are using insurance, then your company will be billed and, if services are authorized, then they will pay what is called an “allowable rate,” which, depending on your plan, may or may not have a co-pay or deductible attached to it for which you are responsible.

Payment is expected at the end of each session. If you are using insurance, you must call them and obtain authorization before the first therapy session. However, you, not your insurance company or any other person or company, are responsible for paying the fees we agree upon. The full fee, \$180.00, is due at the initial consultation session if you are not using insurance or pre-authorization has not already been obtained. If your insurance company authorizes treatment after the first session, then the \$180.00 will be applied toward co-payments. In some cases, exceptions may be possible and will be determined on an individual basis.

It is your responsibility to discuss any payment concerns before the sessions occur so fees that you cannot pay do not accrue. If a session’s fees are unpaid for more than 30 days, I reserve the right to suspend therapy until we can reach a resolution about the outstanding balance. Any balance not paid after therapy has ended may result in collection agency fees being added to your account balance. A charge of \$30 (or however much the bank charges me) will apply for any returned checks.

Insurance

If you are using insurance, you must obtain the pre-authorization for treatment and information about the terms of your plan, such as: deductibles, co-payments, allowable fees, and any session or service limitations **before treatment begins**. Please keep in mind that if your insurance company refuses to pay for a service that has already been rendered, you are still responsible for the fees that the insurance company refuses to pay. If any billing questions arise, please immediately contact my billing service: Sharlabo, Inc., Medical Billing and Consulting Services, at: 1-866-769-6410. To avoid interruptions to the therapeutic process, it is important that your concerns be resolved expeditiously and that further complications and inconveniences be avoided.

Consent For Mental Health Services

I have read the materials presented in this introduction/disclosure statement. My signature indicates that I understand all the information and agree with the conditions of therapy stated or implied here. I understand I have the right not to sign this form.

- I, the undersigned Client, agree and consent to participate in the mental health services offered and provided by Dr. Conley-Goldstein, a psychologist, as defined by Indiana Law.
- I understand that I am consenting and agreeing only to those mental health services that Dr. Conley-Goldstein is qualified to provide within the scope of her license and training (or within the scope of license, certification and training of the mental health provider directly supervising the treatment, if applicable).
- I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns before terminating therapy.
- I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.
- I understand that this agreement does not guarantee that we attain the therapeutic goals; however, I agree that I will pay Dr. Conley-Goldstein's fees for access to Dr. Conley-Goldstein's resources as a psychologist and her willingness to apply those psychological resources in good faith.
- I further stipulate that this agreement will become part of my psychological record, which is accessible to myself and to Dr. Conley-Goldstein, but to no other person without my written consent.

Name of Client (Printed)

Signature

Date

I find no reason to believe that the Client named above is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client named above, as shown by my signature here.

Anne K. Conley-Goldstein, Ph.D., HSPP

Date

___ Copy accepted by Client ___ Copy kept by therapist

Fee Schedule (Effective May 1, 2009)

- ***Initial Consultation for Therapy:*** The first session will be reserved for going over the necessary forms to begin therapy and for me to gather information about the reasons you are seeking therapy. This will include discussing any concerns you have, your psychological, social, and employment history, and developing an initial treatment plan. The fee for this initial session, which lasts for 90 minutes, is \$180.00, unless you are using insurance.
- ***Regular therapy services:*** For a clinical hour of 45 minutes of face-to-face time, the fee is \$140.00 if you are not using insurance. All payments are due at the time of service.
- ***Telephone / Email consultations:*** There is no charge for calls about scheduling/rescheduling appointments or up to 15 minutes of consultation between sessions. For issues requiring more than this time, I encourage you to schedule a regular session so that your concerns can be fully addressed. Telephone conferences with other professionals on your behalf will be billed at the same rate as for regular therapy services.
- ***Late Cancellation Fee:*** Except in the case of an emergency, I charge a flat fee of \$70.00 for any missed appointments with less than 24 hours notice. Please see the Appointments section for a description of what situations may constitute an emergency.
- ***Returned Check Fee and Finance Charges:*** A fee of \$30.00 (or however much the bank charges me) will be charged for any returned check. Any unpaid balance may result in collection agency fees being added to your account balance.
- ***Unpaid Balances:*** If you think you may have trouble paying your bills on time, please discuss this with me. If your unpaid balance reaches \$140.00, I will notify you by mail. If it then remains unpaid, I must suspend therapy. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.