

**Informed Consent for Behavioral Health Services
And Office Policies and Procedures**

Client Name: _____ Date of Birth: _____

Person Completing Form: _____ Relationship to Client: _____

Welcome to Basset Psychological Services, LLC (BPS). We are happy that you have chosen to schedule an appointment with us. We are a practice of behavioral health providers dedicated to delivering comprehensive behavioral health treatment and assessment for children, adolescents, young adults, and their families in a warm and friendly environment. This document contains important information about our professional services and business policies. Please read it carefully and write down any questions you have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us. **Please initial at each arrow below.**

CONFIDENTIALITY

BPS is dedicated to maintaining your privacy and confidentiality in providing professional care. We are also required by law to keep your information private, but there are important exceptions to confidentiality. This is a shorter version of the full Notice of Privacy Practices (NPP) which provides more details about the privacy of your behavioral health information. Please talk to your therapist about any questions or concerns.

The following are some of the main exceptions to confidentiality (see NPP for more information):

- o Situations of potential harm to oneself (suicide) or others (homicide)
- o Situations of suspected abuse or neglect of a child, older adult (over age 60), or person with disabilities
- o By Court Order

Additionally, there are times when it may be helpful for us to consult about your treatment and services. We may consult with outside professionals and when doing so, identifying information is safeguarded and the consultant is bound by confidentiality. We may consult BPS staff who also abide by the rules of confidentiality.

When **working with minors**, we encourage parents to allow their child to have privacy and be able to share information with the therapist that does not have to be shared with the parents. The law, however, entitles parents to recorded information about treatment. The degree to which we encourage allowing minors to have privacy, depends on their age and presenting problems. Your behavioral health provider will discuss this with you.

You may sign a **Release of Information** form in order to share treatment information with others.



_____ I have read and understand the information about **confidentiality**.

PROFESSIONAL RECORDS

BPS utilizes an electronic medical record system and associated client portal. The system is TherapyNotes and the portal is TherapyPortal, which meet HIPAA compliance criteria to safeguard protected health information (PHI). Some records (e.g., worksheets, signed authorizations, and some notes and documents) are kept in paper form.

You have the right to look at the health information we have about you, such as your medical and billing records. You may also request a copy of these records. Copies of medical records carry a charge of \$30 and require two weeks' notice to print and compile. See NPP for more information.

To protect your privacy as well as the privacy of others in the office, please do not take photos or recordings at any time within the office building without our staff's permission.



_____ I have read and understand the information about **professional records**.

BEHAVIORAL HEALTH, PSYCHOLOGICAL SERVICES AND APPOINTMENTS

Our first one to two appointments involve an evaluation of your needs. By the end of the evaluation, we 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 services. You should evaluate this information along with your own opinions of whether you feel comfortable working with our practice.

Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. Behavioral health services can have risks and benefits. Treatment can involve discussing unpleasant topics and challenging areas of your life and you may experience uncomfortable feelings at times. On the other hand, treatment can lead to improvements in behavioral, emotional, and social functioning and reductions in symptoms and distress. We are dedicated to helping you reach your clinical goals; however, **we cannot guarantee outcomes** of your treatment or assessment. If you have questions about our procedures, we should discuss them whenever they arise. If your concerns persist, we will be happy to help you set up a meeting with another mental health professional.

Being in treatment involves a willingness to identify and confront areas of needed change. Since you are an integral part of the treatment, you have the right to ask questions at any point. You may request and negotiate therapeutic goals, reject interventions, and be informed regarding diagnoses and an estimation of treatment length to meet agreed upon goals. You have the right to terminate treatment at any time. A termination session may be suggested to discuss progress made or continuing areas of concern. If you wish to continue treatment, but feel you need a different approach or clinical orientation, every effort will be made to refer you to another therapist. We are a practice of licensed psychologists and a psychology assistant practicing under the supervision of a licensed psychologist. You have the right to be fully informed about your therapist's qualifications, training, experience, and clinical orientation.

Once psychotherapy has begun, sessions are typically 45 or 60 minutes. We will decide together on the frequency of sessions which is usually every one to two weeks.

BPS maintains the right to terminate treatment for any reason at anytime, including, but not limited to, verbal or physical abuse to any staff of clients of BPS, physical assault or threat to assault any staff or other clients, or refusal to comply with essential treatment recommendations that could result in harm to self or others.



_____ I have read and understand the information about **behavioral health services**.

OUTDOOR SESSIONS

In addition to office and telehealth appointments, we offer sessions that occur outdoors. BPS staff are behavioral health providers and outdoor sessions are focused on your behavioral health treatment goals. BPS staff are not personal trainers or walking/running coaches. Being outdoors and/or walking during sessions is the forum for the same type of behavioral health treatment clients receive in office.

There are some potential risks when engaging in outdoor sessions with BPS staff. Other people may see us together in public which could compromise the privacy and confidentiality of services. Other people could potentially overhear our conversations. We may encounter unexpected things while outdoors including, but not limited to cracked or uneven pavement, dogs or other animals, unpleasant weather, traffic, etc. These things are beyond control of the BPS staff. Comfortable shoes and clothing are recommended for such sessions.

By initialing below, you agree that you and/or your child are healthy enough for walking/outdoor sessions and understand the potential risks outlined above. You agree to participate in outdoor/walking sessions and agree to hold BPS harmless for any accident or injury that could occur while engaging in walking/outdoor sessions. You have a right to discontinue walking/outdoor sessions at any time and instead utilize in-office or telehealth sessions as appropriate.

I consent to outdoor/walking sessions. YES NO



_____ I have read and understand the information about **outdoor/walking sessions**.

ATTENDANCE AGREEMENT

Please understand your specific appointment time is reserved for you. **We require at least 48 hours notice if you need to cancel or reschedule your appointment time. If you do not give 48 hours notice, then you will be charged for the full cost of the appointment, which must be paid before any subsequent appointments are scheduled. Monday appointments must be cancelled by the appointment time on the preceding Friday.**

Email reminders for appointments may be sent through the BPS Client portal, unless the client opts out of reminders via the portal. Email reminders are offered as a courtesy only, and it is ultimately the client and/or guardians' responsibility to keep track of appointment dates and times. Failure to receive an email reminder is not grounds for waiver of the missed appointment/late cancel fee.



_____ I have read and understand the **attendance agreement**.

PROFESSIONAL FEES

Basset Psychological Services fees are as follows:

- Initial Consultation – intake session \$300
- Therapy session \$175
- Parent-Child Interaction Therapy Session \$235
- Returning Client Consultation \$200
- Psychological Testing (per hour, discussed prior to testing) \$200
- Missed appointments/cancellation of less than 48 hours Cost of appointment
(must be paid before additional appointments will be scheduled)
- Other Professional Services (billed in 15 minute increments) \$100*
- In person Legal System Involvement (½ day minimum) \$200/hr**
- Other Legal System Involvement \$200/hr**
(documentation, phone consultation, court preparation)

*Other professional services include, but are not limited to letters, treatment summaries, billing summaries, phone conversations lasting more than 15 minutes, meetings or consultation with other professionals. Fee is \$100 for the first 15-30 minutes and \$50 each additional 15 minutes.

**Please note that your therapist will not go to court voluntarily, but we are required by law to respond to subpoenas. If you become involved in legal proceedings that require our participation, you will be expected to pay for professional time even if our staff is called to testify by another party. These fees must be received in advance of any document preparation or court appearances. This charge also applies to any documentation prepared for the court including letters and treatment summaries.

Please note that rates are reviewed annually and are subject to change at that time.



_____ I have read and understand the information about **professional fees**.

BILLING AND PAYMENTS

BPS requires payment at the time services are rendered. Discussing and processing payment is a sensitive issue, but it is important to address. **BPS does not accept payment from insurance companies, but we would be happy to provide you with a Super Bill (i.e., summary of services and costs)** to submit for potential out-of-network coverage or for documentation for your flexible spending accounts. Payment can be made in the form of cash, check, or credit card.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal means may be used to secure payment. Unpaid fees may be turned over to a collection agency or small claims court. If this occurs, BPS will only report the information necessary to collect the fees due.




_____ I have read and understand the information about **billing and payments**.

CONTACTING US

We are often not immediately available by telephone during the day because we are meeting with clients. However, we do monitor voicemail frequently and will make every effort to return your call within 48 hours with the exception of weekends and holidays. We do not use text messaging.

Maintaining the confidentiality of our clinical relationship is of the utmost importance. For this reason, we do not accept “friend” or contact requests from current clients, former clients, or family members of clients on any of our personal social networking accounts (i.e. Facebook, LinkedIn). Adding clients as friends or contacts on these sites can compromise privacy and confidentiality.

If you have a life-threatening emergency, please go directly to a hospital emergency department or call 911. If you have an urgent matter and need to talk to someone immediately, you can call Children’s Mobile Crisis Services at 513-584-5098, Psychiatric Intake Response Center at Children’s Hospital at 513-636-4124, or a local mental health hotline at 513-281-CARE.


 _____ I have read and understand the information about **contacting BPS** including how to seek help in an emergency.

Email: You may also contact us at the email address given by your therapist. Please remember that **email is not a secure medium and confidentiality cannot be assured when communicating by email.** If you agree to email contact by BPS staff, you acknowledge and assume the risks associated with electronic forms for communication and hold BPS harmless for any unintentional breaches related to this communication. Risks for email communications include but are not limited to, email being intercepted, archived by employers or online service providers, or misaddressed by senders. Email communication with BPS staff will be limited to billing, scheduling, and brief updates. For clinical questions, concerns, or consultation, please call our office. Email communications may be necessary for telehealth sessions.

I agree to **personal** email communication with BPS staff. YES NO

At times we may send practice-wide emails (e.g., if the practice needs to close unexpectedly, we have a change of policy, etc.). When we send such, everyone will be blind copied to protect privacy.

I agree to **practice-wide** email from BPS staff. YES NO

 _____ **If I consent to personal and/or practice wide email communication with the BPS staff as checked above, I understand the risks and benefits of such.**

CONTRACT: I HEREBY AUTHORIZE Basset Psychological Services, LLC to render treatment and/or assessment to me, my dependent, or person for whom I serve as legal guardian. I verify that I have the right to provide such consent. I understand that I can withdraw my consent (in writing) at any time. This consent will remain in effect until such time as I revoke it. I have read the preceding policies and information. I understand the limits of confidentiality. I assume personal financial responsibility for all treatment and assessments conducted by BPS per the terms of this contract. Such responsibility is not transferable to any other person even in the case of custody or child support disputes and/or related court decrees.

Client or Parent/Guardian Name

Date

This Informed Consent for Behavioral Health Services and Office Policies and Procedures is considered valid when signed electronically by the client or parent/guardian through TherapyPortal.