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INFORMED CONSENT FOR THERAPY SERVICES FOR ADULTS

THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to my practice. 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 patients' rights about the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment and health care operations. Although these documents are long and sometime 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.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people 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 benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety anger, frustration and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake 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 resolution to specific problems. There are no guarantees about what will happen; psychotherapy requires very active effort on your part. In order to be most successful, you have to work on things we discuss outside of sessions.

The first two to four sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impression of what our work might include. At that point we will discuss your treatment goals and create 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 set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes' duration, once per week at a time we agree on. Some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned specifically to you. If you need to cancel or reschedule a session, I require 24 hours' notice. If you miss a session without canceling or cancel with less than 24 hours' notice, my policy is to collect the total amount for the missed session before our next session begins. Please note that insurance companies do not provide reimbursement for missed appointments; thus you will be responsible for the total fee. You are responsible for coming to your session on time. If you are late, your appointment will still end on time.

PROFESSIONAL FEES

The standard appointment fee is \$125.00. (The only insurance I take is Tricare, which establishes its own payment fee. It also establishes your deductibles and co-pay, which you are responsible for verifying.) Payment must be made by check or cash within each session's time and I will give you a receipt each week. Any checks returned are subject to an additional fee of \$25.00 or my bank fee, whichever is greater. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to charges for appointments, it is my practice to charge the full amount (or Tricare fee if applicable) for other professional services that you may require such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations which you have requested, or for the time required to perform any other service which you request. There is a prorated basis with hourly cost broken down into quarter-hour increments. 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 pre-pay a retainer of \$1500 daily which pays for my professional time that I am not in the office even if my testimony is not required but I have submitted information or actually gone to court.

INSURANCE

In order 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 give you a bill/receipt which will include your diagnosis and which includes all information generally required for insurance reimbursement. Managed Health Care Plans such as HMOs and PPOs often require advance authorization without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work on 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 believe that they need more services after insurance benefits end. Some managed health care plans will not allow me to bill for services provided to you once your benefits cease. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

Sometimes, I must provide additional information besides your clinical diagnoses, such as treatment plans, summaries or copies of the entire record (I have never had a copy of the entire treatment record requested by an insurance company.) This information becomes part of the insurance company files and will probably be stored in a computer. Although insurance companies claim to keep such information confidential, I have no control over what they do with it once it is their hands. I will provide you with a copy of any report I submit if you request it. By signing this Agreement, you agree that, with your knowledge and agreement, I can provide requested information to your carrier of you plan to pay with insurance.

If you decide to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you will be responsible for full payment of the fee. Many policies leave a percent of the fee or a flat dollar amount to be covered by the patient; either amount is to be paid at the time of the visit by check or cash. In addition some insurance companies also have a deductible which is out of pocket amount that may be paid by the patient before the insurance companies are willing to pay any amount for services. That will typically mean you will be responsible to pay for a portion of your treatment.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out of network providers. If you prefer to use a participating provider, I will refer you to a colleague if I know of one within your plan.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are contained in a secure, locked location in the office. I keep brief records that note the dates and times you were here, your reason for the session, the goals we addressed and your progress, your diagnosis, topics we discussed, your medical social and treatment history, records I received from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, 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 the professional, which I will discuss with you upon your request, You also have the right to request a copy of your file be made available to any other health provider at your written request.

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 given a copy of that document, as well, and have been invited to discuss those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

I am often not immediately available by telephone: I check my answering machine on Mondays through Fridays from 0630 through 8:00 PM and do not answer my phone when I am with clients or otherwise unavailable. You may leave a call on my confidential voicemail at 703-385-9667, Ext 5 *which is the ONLY place to call me, no matter what number your phone may have registered from my call.* Messages left at any other number unless specifically agreed to ahead of time, will not be listened to or returned. If for any number of unseen reasons you do not hear from me within twelve hours (night to morning or morning to night) on week-days and if at any time you feel that you cannot wait for a return call or if you feel unable to keep yourself safe, 1) Call 911; 2) Go to your nearest emergency room; or 3) Contact Community Services Board (CSB) of the county in which you reside. I will make every effort to inform you of planned absences; when I am gone, my telephone message will state the name and phone number of the mental health clinician covering for me.

OTHER RIGHTS

If you are unhappy with what is happening in therapy I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist or to end therapy at any time. You have the right to considerate, safe and respectful care without discrimination. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relations with clients or with former clients.

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Your signature below indicates that you have read this **Informed Consent for Therapy services for Adults** that you have been given opportunity to review these and to ask questions, that you are aware that you may ask questions at any time during your sessions and that you agree to these terms.

Printed Name of Patient

Signature of Patient

Date