



## CONSENT TO ASSESSMENT AND/OR TREATMENT

*This document provides you with information about the professional services and business policies of Anan & Associates and information regarding the Health Insurance Privacy and Accountability Act - HIPAA. It is also a means for you to provide your written consent to psychological assessment and/or treatment.*

### - PSYCHOLOGICAL ASSESSMENT

Dr. Anan and Associates tailor their psychological assessments to meet the needs of each client. They provide a comprehensive report that provides diagnostic information as well as an understanding of each individual's strengths and weaknesses. At the conclusion of each psychological assessment, the psychologist who conducted the assessment will meet with the client to carefully explain the findings and recommendations.

### - PSYCHOLOGICAL TREATMENT

Psychotherapy is not easily described in a general statement as it varies depending on the particular client and the unique problems being addressed. However, in our practice of psychology we primarily utilize behavioral and cognitive-behavioral treatment modalities to address most treatment goals with most clients. Behavioral therapy stems from principles of learning theory. For example, interventions might be designed to reinforce desired behaviors and to eliminate unwanted behaviors. Cognitive-behavioral therapy aims to solve problems by understanding and modifying the thoughts and feelings that influence behaviors.

Effective treatment requires active effort on your part both during sessions and in between appointments. While the goal of psychotherapy is to relieve a particular problem or concern, sometimes the process of treatment entails some emotional stress. In this event, we make every effort to ensure that we provide sufficient psychological support.

We typically schedule weekly 60-minute sessions. During intake or the first few sessions, we evaluate clients' needs. Subsequently, we will be able to offer a treatment plan. We encourage you to carefully consider whether you feel comfortable with this plan and working with Anan & Associates before moving forward with treatment. Therapy requires commitment of time, effort, and money, so we want to ensure that you feel you can work collaboratively with Anan & Associates to address your specific concerns that brought you to a psychologist.

## - BILLING AND PAYMENT

Full payment for services is required at the time of each session. We currently participate with most Blue Cross Blue Shield insurance plans (e.g., Traditional BCBS, Trust/PPO, BCBS Federal Employee Program). If you are using your insurance, by signing this document, you agree to allow Anan & Associates to release information to your insurance company in order for us to seek reimbursement for your sessions and to bill your plan. If you have BCBS, in order to avoid unexpected fees, we ask that you provide a copy of your insurance information at least 72 hours prior to your intake appointment.

Although we make every effort to ensure that sessions are billed through insurance, it is ultimately your responsibility to know your insurance plan coverage. Claims denied by your insurance become your responsibility to pay out-of-pocket at the rate of \$161.42 per therapy or evaluation hour.

At this time we do not participate with any insurance companies other than Blue Cross Blue Shield. If your insurance company does not cover our services, we will provide you with a receipt for services that you may elect to submit for reimbursement if your insurance permits out-of-network mental health services. This receipt indicates the diagnosis code, procedure code, amount paid, NPI (National Provider Identification) and tax identification numbers.

It is sometimes clinically necessary to conduct a session outside of the office, such as at a school or other community setting. In instances when it takes 15 minutes or more to drive to the location, travel time is billed at \$25 per quarter hour (based on Google Map estimate). Unfortunately, insurance seldom reimburses this type of expense.

We accept cash, checks, and major credit cards. You may elect to use a flexible medical expense or health savings account for psychological evaluation and treatment costs. We request that you complete a credit card authorization for us to keep on file which you agree to have charged in the event that you have an unpaid balance and have not made payment arrangements. A copy of our credit card policy and necessary forms are included separately in this packet.

## - OTHER FEES

Professional services other than psychotherapy/psychological assessment may result in an out-of-pocket cost to you. Such services may include, but are not limited to, preparing written documentation on your behalf or phone calls lasting longer than 15 minutes. Fees for these professional services are based on the cash rate of \$161.42 per hour and are assessed in 15-minute increments. If you request a service that will result in an additional cost to you, Anan & Associates will inform you of this prior to providing the service.

## - CANCELLATIONS AND MISSED APPOINTMENTS

From time to time you may not be able to keep an appointment. We ask that you provide notification at least 24 hours in advance of a cancelation. We likewise may occasionally need to cancel an appointment due to unforeseen events, and will let you know of such circumstances as far in advance as possible. In the event you miss an appointment without sufficient prior notification, we reserve the right to charge you for your full session cost. Insurance companies do not reimburse this charge. We will make exceptions to this policy in the case of unexpected circumstances such as sudden illness, unforeseen family emergencies, extreme inclement weather, etc. Please inform your clinician if you will be late. If you arrive later than 15 minutes for your scheduled appointment, it may be canceled.

## - TELEPHONE AND EMAIL

The primary form of communication for clinical matters is by telephone. Scheduling and rescheduling appointments may be done either by a telephone call, voicemail, or email. Text messaging is prohibited unless specifically indicated by your therapist.

We are often not immediately available by telephone or email. Phone calls will not be returned without a voicemail message. If you would like your therapist to return your call, you must leave a voicemail message. We will make every effort to respond to your voicemail or email within 24-48 business hours.

Phone calls lasting longer than 15 minutes may be billed to you directly at the cash rate of \$161.42 per hour in 15-minute increments. If you anticipate needing to speak with your therapist for longer than 15 minutes, it is recommended that you schedule an appointment. Issues that can wait until your next scheduled session, should be addressed in person during an appointment rather than via telephone call.

The transmission of client information by email and/or text message has a number of risks that clients should consider prior to using these methods of communication. These include, but are not limited to, the following risks: (1) Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients. (2) Email and text senders can easily misaddress an email or text and send the information to an undesired recipient. (3) Backup copies of emails and texts may exist even after the sender or recipient deletes them. (4) Employers and online services have a right to inspect messages sent through company systems. (5) Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection. (6) Emails and texts can be used as evidence in court. (7) Emails and texts may not be secure, and it is therefore possible that the confidentiality of such messages may be breached by a third party.

## - IN CASE OF EMERGENCY

It is important for you to understand that we may not be available in the event of an emergency. If you experience any urgent psychological or other serious health concerns, including suicidal or homicidal feelings, it is your responsibility to immediately seek out appropriate emergency assistance. In such circumstances, you must call 911 or go to the nearest emergency room.

#### - LIMITATIONS TO OUR ROLE

When we provide psychotherapy to clients, our role is limited to that purpose and not involvement in any legal dispute such as child custody or other litigation. We do not provide any type of court testimony or provision of records for legal matters for our clients. As such, you will instruct your attorney not to subpoena Anan & Associates or refer to our treatment in any court filing.

If, despite this request, we are court required to participate in any legal proceeding, we require a \$1,000 retainer in advance; this is the minimum fee for Anan & Associates to appear in court. You will be billed at the rate of \$300 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs. You will also be charged for any associated costs (e.g., parking) and the cost for Anan & Associates to consult with our own attorney if needed. Your \$1,000 retainer will be applied to these charges. Your signature indicates your agreement with this provision.

#### - PRIVACY, CONFIDENTIALITY AND *HIPAA*

Information shared in psychotherapy sessions is kept private and confidential. With very rare exceptions that are described below, we will not release any information without your request and signed consent.

It is important for you to understand that the Health Insurance Privacy and Accountability Act - *HIPAA* - provides you with expanded rights with regard to clinical records and disclosures of protected health information. These rights include: requesting that we amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of disclosures of protected health information you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of *HIPAA* information and our policies and procedures.

There are limits to confidentiality. In some extremely uncommon situations we are required by law to reveal client information without securing permission. These rare exceptions to confidentiality include the following: (1) If a client is threatening serious harm to another

person, we are bound by law to take appropriate action to prevent such harm, including warning other persons involved and contacting the police or perhaps seeking hospitalization. In a similar manner, if a client elects to reveal something that a spouse or other family member does not know and this lack of knowledge would lead to harm to that person, we could not ethically agree to keep this information confidential. (2) If a client is threatening serious self-harm, we may have to seek hospitalization or call family members or others who can protect the client. If such a circumstance were to occur, we would first fully discuss the situation with the client, unless there exists a very strong reason not to do so. (3) In an emergency, where the client's life or health is in immediate danger, we may need to release to another professional information that would protect the client's life. In such an event, we would discuss this with the client as soon as possible afterward. (4) Michigan law requires us to report any suspected abuse or neglect of a child, an elderly person, or a disabled individual. (5) If we are court ordered, we may be required to break confidentiality.

Providing certain information to your insurance company, which is required for reimbursement for services, may also result in a disclosure of confidential information. If you wish us to bill Blue Cross Blue Shield, we are required to provide a clinical diagnosis and the type of service you received. Codes indicating this basic information are listed on a receipt we can provide if you elect to submit this to other insurance companies with whom we are not paneled. Some insurance companies request additional confidential information. If you provide an insurance form to fill out, you are providing your permission to give the information they require.

An additional limit to confidentiality relates to supervision. Limited licensed psychologists are required by state law in Michigan to obtain supervision from a fully licensed psychologist. Thus, for the purpose of clinical supervision, limited licensed psychologists may share confidential information with a fully licensed psychologist at Anan & Associates who likewise upholds the privacy and confidentiality rules detailed above.

Our role in private practice is limited to outpatient treatment and by signing this agreement you indicate that you will not involve us in any type of litigation. However, in the event that a court orders us to testify, we may be required to release confidential information. We are also permitted to release relevant confidential information necessary for the defense of a malpractice case or a disciplinary board hearing.

If an account is overdue and there has not been agreement on a payment plan, legal means may be used to collect payment. In this event, the only information released would be name, address, dates of professional service, and the amount due.

If we happen to meet you in a public setting outside of therapy, we will not initiate an interaction. Please understand that we do not mean to be rude, but instead are attempting to protect your privacy. You are certainly welcome to initiate verbal exchange in public in which case we will respond to your greeting but will not discuss elements of therapy. Please know

that any information that you share outside of therapy, voluntarily and publicly, cannot be considered protected or confidential.

#### - CHILDREN AND ADOLESCENTS RECEIVING TREATMENT

Parents consenting to psychological services for their children must have either sole or joint legal custody. If at any point the custody changes for your child, you agree to inform Anan & Associates.

When we conduct psychotherapy with children, we typically work collaboratively with them and their parent(s), as this is often essential to ensure effective treatment gains. There may be some sessions when we see the child privately, other sessions when we meet with parent(s) without the child present, and still other sessions in which parent(s) and child both participate. Please understand that in each of these circumstances, the child remains the client. For some childhood problems, consultation with the child's teacher and/or other individuals may be necessary. In such cases, we require parents to sign a release form that allows us to reveal information that is relevant to attain the child's therapy goals.

Therapy works best when a trusting relationship exists between the client and therapist. Privacy is an important component in developing that trust. Sharing unlimited information with parents may damage rapport with children and foster an environment in which they do not feel comfortable discussing personal issues without fear that their thoughts and feelings will be immediately communicated to their parent(s). This is especially true for older children and adolescents who are developing a greater sense of independence. We provide parents with general information about the child's goals and progress in psychotherapy but do not share specific information the child has disclosed without the child's agreement. The parent(s) (and possibly others) will be notified immediately if the child is expressing suicidal thoughts or thoughts of harming someone else, or if they are believed to be in imminent physical danger.

## CONSENT TO ASSESSMENT AND/OR TREATMENT

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the client, or parent/legal guardian of a client who is a minor, attest to the following:

I acknowledge that I have received, read, and understand Anan & Associate's Client Information & Policy Statement which describes professional and assessment services and business policies and provides information regarding the notice of privacy practices as required by HIPAA.

I am aware that the practice of psychotherapy is not an exact science and so predictions of the effects are not precise and cannot be guaranteed. I understand that, while the end goal of treatment is improvement in particular problems, there may be elements during the therapy process that may be experienced as emotionally stressful.

I am aware that I am responsible for payment for all services and payment is due at the time of each service. I am also aware that, while Anan & Associates does participate with Blue Cross Blue Shield, it is ultimately my responsibility to determine whether I might be eligible for any reimbursement from my insurance and to submit any necessary information to my insurance company.

I am aware that I may terminate services at any time without consequence. I am aware that my treatment may be discontinued in the event I have not paid for services. I understand that if Anan & Associates determine that they do not have the expertise to address my treatment goals, they will discontinue therapy and make every attempt to refer me to someone who can better assist me.

I am aware that cancellations of sessions must be made at least 24 hours in advance of the appointment time. If I fail to do so, I may be charged for the full amount of the missed session.

I am aware that Anan & Associates is not responsible for any personal property or valuables I bring to therapy. I acknowledge that if I, or anyone else for whom I am legally responsible, deliberately causes damage to any property in Anan & Associate's office, I will be held financially responsible for its replacement.

I do hereby seek and consent to participate in psychological assessment and/or treatment with Anan & Associates. I certify, with my signature below, that I fully understand and agree with the contents of this Consent to Treatment.

Signature of client (if appropriate)

Date

\_\_\_\_\_  
Signature of parent or legal guardian (if appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of psychologist

\_\_\_\_\_  
Date

