PSYCHOLOGICAL SERVICES CONTRACT AND TREATMENT CONSENT

Welcome to Hope Psychology Practice, LLC. I am pleased that you have decided to work with me. This document contains important information about my professional services and policies. Please read this document carefully. We can discuss any questions that you might have at our first appointment. When you sign this contract, it will represent a professional agreement between us.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I 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 therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy so you should be very careful about the therapist you select. 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.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Professional Fees and Cancellations

Insurance companies require an Initial Diagnostic Assessment prior to participation in psychotherapy. Please see my "Billing and Collection Policies" for further information related to my fees and 24 hour cancellation policy.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that they would be emotionally damaging, in which case I can forward them to a mental health professional of your choice. If you would like a copy of these records, I recommend that you review them in my presence so that we can discuss the contents as some information could be misinterpreted.

Confidentiality
In general, the privacy of all communications between a client and a psychologist is protected by law. With a few exceptions, I can only release information about our work to others with your written permission.

In some proceedings, a judge may order my testimony if s/he determines that the issues demand it. Insurance companies may also require me to provide a diagnosis and may request my records at times. I also have a contract with MB Billing Services, LLC and GoogleApps for Work. As required by HIPAA, I have a formal business agreement with these billing and electronic services in which they promise to maintain the confidentiality of this data, except as specifically allowed in the contract or otherwise required by law.

There are some situations in which I am legally obligated to disclose confidential information in order to protect others from harm. For example, if I believe that a child (<18 years of age), an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to a specific individual, I am required to notify the potential victim, contact the police, or seek hospitalization for the patient. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

It is recommended in our professional and ethical code that psychologists regularly consult on current work with professional colleagues. During a consultation, I make every effort to avoid revealing the identity of my clients. My colleagues are also legally bound to keep the information confidential.

Contact and Communication
Due to my work schedule, I may not be immediately available by telephone. I will make every effort to return your call before the end of the business day on days that I am in the office. However, if you are unable to reach me and feel that you cannot wait for me to return your call, please contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

My website www.HopePsychologyPractice.com is available to provide you additional information about Hope Psychology Practice, LLC. You are welcome to access and review the information on my website. If you have questions about it, we can discuss them during your therapy sessions. Similarly, if you encounter any information about me through web searches or through other modes of communication that you have questions about, please discuss this with me during our time together. Sometimes clients review their mental health providers on websites. Unfortunately, mental health professionals cannot respond to reviews (even false reviews) because of confidentially restrictions. If you encounter a review of me that concerns you, please let me know so that we can discuss the potential impact on your therapy. Please do not rate or review our work on an online site while we are in treatment together as it may impact our working relationship.

I use email communication with your permission and only for administrative purposes. That means that email exchanges with my office should be limited to topics like setting and changing appointments, billing matters, and other related issues. Although I have signed a HIPAA contract with GoogleApps for Work (i.e., email, calendar, drive), I encourage you to practice discretion when sharing private information via electronic means.

I do not communicate or contact my clients through social media platforms. If I discover that I have accidentally established an online, social media relationship with you, I will cancel that relationship as it can create a significant security risk for you.

Psychological Services for Children and Adolescents

Informed Consent and Confidentiality

Prior to beginning therapy, it is important for you to understand my approach to working with children and adolescents (<18 years of age) and agree to confidentiality during the course of your child's treatment. Under HIPAA and the APA Ethics Code, I am legally and ethically responsible for providing you with informed consent.

Therapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in securing and maintaining that trust. One goal of therapy may be to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" in which they feel free to discuss personal matters without repercussion. This is particularly true for adolescents, who are in a developmental stage where they are testing new independence and autonomy. In general, I do not share specific information given to me by the child without the child's knowledge. However, if I believe the child's safety is in jeopardy, I am obligated to share information with or without your child's consent.

If your child is an adolescent, it is possible that he or she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but, at other times, they may require parental intervention. It is important for me to know your feelings and opinions regarding acceptable behaviors.

If I become aware that it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you. I will tell you if your child does not attend appointments. At the end of your child's treatment, I recommend scheduling a session to summarize what issues were addressed in therapy, what progress was made, and what areas are likely to require intervention in the future.

Limits in Legal Proceedings

Because my work with children and adolescents is therapeutic in nature, I do not testify in court proceedings. Testimony impacts the therapeutic relationship and redefines the goals of therapy and the trust that a child may have in me. In addition, psychologists who testify in court have special assessment skills that I have chosen not to acquire. A judge could require my testimony, but I would take action to prevent such an event in order to preserve the child's trust in our therapeutic relationship. I do not give recommendations about parental custody or visitation suitability because it is out of my scope of practice.

Consent for Treatment

Please initial and sign the following.

_____ I have received and understand the Psychological Services Contract and agree to all components.

_____ I have received and understand the HIPAA policy that protects my health information and the MN Board of Psychology policy on client rights.

_____ I understand that I can discuss termination of services at any time, and that Hope Psychology Practice, LLC recommends a termination appointment to review progress and recommendations.

_____ _____

Client Name DOB

_____ _____

Client or Parent/Guardian Signature Date