

## Genuine Life Psychology & Wellness, PLLC

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Licensed Psychologist, Owner

### Patient Agreement and Consent for Treatment

Welcome to my practice. I am honored you have chosen me as your therapist and look forward to getting to know you during this time of growth and possibility. In order for our professional partnership to be most effective in meeting your needs and goals, it is important to begin with a clear understanding of expectations. The following information will better help you understand the therapy process, each of our rights and responsibilities, and my office policies. If you have any questions during or after reading this form, please discuss them with me.

#### Patient Rights and Responsibilities

##### Confidentiality

I treat what you tell me with great care. Trust and openness are essential for effective therapy. There are some times when the law limits confidentiality and requires me to contact others. There are also other urgent situations when I may choose to break confidentiality if I feel that doing so could help ensure the safety of you, others, or myself. I reserve the right to break confidentiality in the following circumstances:

1. If there is known or suspected abuse of a child, elderly person, or disabled person.
2. If there is risk of imminent serious harm to you or others.
3. If your records are subpoenaed by a court of law, or if I am subpoenaed to testify in court about our work together.
4. If there is known or suspected sexual exploitation of a patient by a current or former psychotherapist.
5. If you act aggressively, threateningly, or violently towards anyone in the therapist's office, including me.
6. In other situations as described in my HIPAA Notice of Privacy Practices.

In any of these situations, I would only reveal only the information needed. If I believe you are in danger of hurting yourself or others, I will contact any person in a position to prevent harm, including but not limited to the person listed as your emergency contact, family members, close friends, and appropriate medical and legal authorities.

**Confidentiality and Billing:** I use an outside billing service who has signed a confidentiality agreement with me to protect your information according to all applicable laws and standards of practice. They will have access to your basic contact information, diagnosis, and insurance information (if applicable). My billing service does not have access to therapy notes and detailed information about our work together. A collection agency may be notified if a balance becomes 90 days past due. In this situation, only information related to billing, including your name and contact information, will be released.

**Confidentiality and Health Care Collaboration:** It is considered a standard of good practice for mental health professionals to collaborate with other members of a patient's health care team, including their primary care physician, psychiatrist, and others involved in providing regular care. Typically, I make contact with others on your treatment team to let them know we are working together and to inform them of my diagnostic impressions. After that, I may choose to communicate with them to coordinate your care, especially around issues including significant life or treatment transitions, responses or side effects to medication, physical symptoms, and risky behavior. Please provide this information on the Basic Information page to allow me to collaborate with your health care team.

##### Evaluation and Feedback

During the therapy process, you are encouraged to provide feedback to me, discuss your goals, and review your progress. If you feel you are not making progress toward your goals or if you are dissatisfied with service, you agree to discuss these issues with me directly so that we may work together to decide the best way to proceed.

##### Potential Risks

In addition to the gains and positive outcomes associated with counseling and therapy, some "side effects" are possible. Because therapy involves discussing issues that have caused distress or difficulty, you may find:

1. The energy it takes to focus on your concerns may make it harder to concentrate on other things at times.
2. Emotions may be heightened and you may feel moodier.
3. You may begin to see things in new or different ways, which could feel confusing or cause discomfort.
4. Relationships may be affected as you examine interpersonal issues.

If these issues arise, you agree to discuss them with me so that we can work to find ways to alleviate these difficulties.

##### Active Participation and Commitment

In order for counseling to be effective, it is important for you to take an active role. Active participation involves keeping appointments, being honest, discussing concerns openly, completing outside assignments, listening to the therapist, and providing feedback to your therapist about the process of counseling. If we decide to work together, I ask you to consider

committing to at least 8-12 sessions. It can take time to notice therapy results kicking in so think of it as an investment that can yield lifelong results.

### Other Treatment Options

I strive to provide you the most effective care possible. However, it is important to be aware of other treatment options that are available. Different therapists may practice different approaches to therapy or have different areas of specialization that may be appropriate for you. In addition, some people can benefit from psychiatric care and medication. If you would like to explore different treatment options, please discuss this with me. In turn, I agree to talk with you about other treatment options I feel may be appropriate for you.

### **Therapist Rights and Responsibilities**

It is my responsibility to provide you with informed, respectful, and competent care in accordance with the highest ethical and legal standards. I request the same safe, respectful treatment you can expect from me. I may also exercise the following rights:

#### Scheduling

I will make every attempt to keep our appointment times. However, emergencies and other urgent situations may arise that necessitate rescheduling your appointment. I will notify you as soon as possible in these situations. Every attempt will be made to reschedule your appointment at a time convenient for you. In the event of an emergency situation where I do not have access to your information and need to contact you, I may ask my billing assistant or one of the psychologists in my consultation group (see below) or my officemate, Dr. Lane Ogden, to contact you to apprise you of the situation.

#### Consultation

Consulting with colleagues is a standard of mental health practice because it helps ensure that you receive good care. I may seek consultation with other professional colleagues as needed in order to provide the most appropriate and effective services to you. I am involved in a regular consultation group with Drs. Antonia Guerra-Watson, Denise Humphrey, and Lisa Wechsler, and a regular consultation group with Drs. Rebecca Harvey and Jaya Mathew. I may also seek consultation from other colleagues. Such consultation will not involve your name or specific identifying information unless you have provided permission to do so.

### **First Session**

In order for therapy to work best, it is important that both the therapist and patient feel comfortable with each other. Our initial session is an intake assessment lasting about 75 minutes. During this time, I want to find out more about your concerns and goals for treatment in order to determine if my skills and experience are a good match for what you need help with. This initial session is also an opportunity for you to check me out! Feel free to ask questions in order to determine if my approach feels like a good match for you. A therapeutic relationship will not officially be established until after we have discussed your presenting problems and we agree to work together on your goals for therapy.

The fee for the first session is \$215.00. If I am an in-network provider for your insurance, you may owe a co-pay or the full contracted fee as determined by your insurance plan.

### **Office Policies**

#### Sessions and Fees

- After the initial visit, sessions are typically 55-60 minutes, which includes time for scheduling, payment, and therapy. The fee is \$175.00 per session.
- If I am an in-network provider for your insurance, you may owe a co-pay or the full contracted fee as determined by your insurance plan.
- In general, I do not offer 30-minute psychotherapy sessions. On occasion, we may agree to utilize 30-minute sessions as appropriate. The fee for this service is \$100.
- As a rule, I do not conduct phone therapy. However, I am available for phone consultations in urgent situations. Calls lasting longer than 15 minutes will be charged a fee proportional to my hourly rate.
- You are asked to provide me with your most current contact information at all times so that you may be reached about scheduling, payment issues, or emergencies.
- A \$40 fee will be charged for all returned checks.
- A collection agency may be notified if a balance becomes 90 days past due. In this situation, only information related to billing will be released.
- I do not practice forensic psychology and do not conduct forensic evaluations. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my related time and expenses, including preparation, report writing, copy costs, professional consultation, transportation, time needed to reschedule patient appointments and other professional meetings, as well as the entire time spent away from my office. This applies even if I am called to testify by another party. Due to the difficulties involved in legal matters, I charge \$300.00 per hour with a minimum engagement of three hours to be paid as an advance retainer. Additionally, for any legal proceedings that require me to be away from my office, I require an advance retainer of \$900 and at least 72-hours advance notice due to the time needed to reschedule patient appointments. In the event that my participation in legal

proceedings has been scheduled but needs to be cancelled, I require at least 48-hours notice. Failure to provide at least 48-hours notice of cancellation will result in your forfeiture of the \$900 retainer fee.

- **Firearms are strictly prohibited in my office suite.**

#### Availability

- I am available for regularly scheduled appointment times. Dates of vacations and other exceptions will be provided in advance whenever possible. During times that I will be out of town or difficult to reach, I may ask another therapist to be on call for urgent situations. This information will be provided to you.
- I do not generally provide after-hours emergency care. However, in an emergency, you may call my cell phone at 214.542.6760 and I will return the call as soon as possible. Examples of when it is appropriate to contact me after hours include suicidal or homicidal thoughts, or a severe crisis involving your emotional well-being or that of a partner or family member. It is not appropriate to call me if you are simply feeling angry or upset and want to talk to someone, or to address routine office matters. **In an emergency, if I cannot be reached within a short period of time and you are in need of immediate assistance, call the Suicide and Crisis Center (214.828.1000) or Contact Counseling (972.233.2233), or go to your nearest emergency room.**
  - If we have emergency after-hour phone consultations lasting longer than 15 minutes, my fee is \$75 per 20 minute segment. You will be billed for a 20 minute segment even if you use only a portion of it. Insurance may not cover these costs.

#### Records

- It is state law that I maintain a record of the treatment provided to you. This record will contain information that will allow me to chart the course of your therapy. Files are kept in a locked cabinet in a locked office suite that I share with other mental health professionals who do not have a key to my practice file cabinet.
- Please see the HIPAA Notice of Privacy Practices for information on how to request your records.
- The materials used to administer, score and interpret psychological tests are not considered part of your record. Under copyright law they cannot be reproduced, and they can be released only to another qualified mental health professional under Texas law.
- If the therapy sessions contain more than one patient (e.g. couple's therapy), you agree that no one person may get the complete treatment file.
- The laws of this state require that entire patient records be kept for seven (7) years. I will maintain records for that period of time. After this period, all records will be destroyed.
- In the event of therapist incapacitation or death, it will be necessary for another practitioner to take possession of your files and records. You agree to allow another licensed mental health professional, selected by me, to take possession of your file and contact you regarding this transition, providing treatment options and referrals if needed.

#### Termination of Treatment

- The length of time required for therapy will be determined by your personal situation. I will do my best to fulfill your therapeutic needs and provide you with my best therapeutic care. For your part, you agree to participate in the process to the best of your ability. It is intended that when your needs are met, to the extent they can be, we will terminate our relationship. Although many people report benefits from therapy, there is no guarantee of a cure.
- For your part, you may terminate services at any time. This may be done in several ways. These include, but are not limited to, putting it in writing or informing me verbally. If you choose to terminate therapy with me, it will be my decision as to whether we can re-establish our therapeutic relationship if you request to do so in the future.
- A pattern of frequently canceled or missed appointments will result in termination. In such circumstances, referrals to other therapists or agencies will be provided if requested.
- Non-payment for services may result in termination.
- If I feel that the services I can offer are not or will not be appropriate for you, I may, after discussing reasons with you, refer you to another provider or agency. Furthermore, I reserve the right to terminate service if dangerous/risky behaviors are continued or if sessions are attended after consuming drugs or alcohol.

Again, welcome to my practice. I look forward to working with you. Please let me know if you have any questions about the information presented in this form or about any other aspect of our work together.

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