

## Client Information and Office Policy Statement: Informed Consent

### I. New Client, Welcome

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. I will answer any questions you have regarding any of these policies.

### II. Aims and Goals

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

Identifying personal treatment goals.

Increasing personal awareness.

Increasing personal responsibility to make changes necessary to attain your goals.

You are responsible to be honest and open in order to help me achieve your goals. You are expected to play an active role in your treatment, including working with me to define your treatment goals and assess your progress.

### III. Appointments

Appointments are usually scheduled for 45 minutes. My hours are 10 AM to 7 PM.

Clients are generally seen weekly or more/less frequently as a situation dictates and you and I agree.

You may discontinue treatment at any time, but please discuss any decisions with me.

In the event of an emergency, my answering service will try to page me.

However, if you are unable to reach me, call your primary care physician, the local emergency room, or the crisis hotline at 1-800-479-3339.

### IV. Confidentiality

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

If there is a suspicion of abuse or neglect of a child, elderly person or a disabled person.

If I believe you are in danger of seriously harming yourself or another person or you are unable to care for yourself.

If you report that you intend to kill someone the law requires me to inform that person and legal authorities.

If I am ordered by a judge to release information as part of your involvement in a legal matter.

When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals.

In natural disasters whereby protected records may become exposed.

When otherwise required by law.

You may be asked to sign a Release of Information so that I may speak with other medical or mental health professionals, or to other family members. At times, insurance companies mandate such consultations.

# Timothy Dunnigan, Ph.D.

Clinical Psychologist PSY10592

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## V. Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are locked and kept on site.

## VI. Fees

Fee for the initial visit is \$150.

Each 45 minute session thereafter is \$125.

Fees for other services such as psychological testing and telephone consultations are billed at an hourly rate of \$125, with 15 minute (\$30.) minimums.

If I am a member of your insurance company's panel, I will accept that company's fee schedule. However, appointments canceled without 24 hours notice will not be paid by insurance and will be billed at my normal rates.

## VII. Payments

Payment is due at the time of the session unless other arrangements have been made. I will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit and you are responsible for any charges not covered by your insurance.

## VIII. Cancellations and Missed Appointments

You will be billed for a sessions that you cancel with less than 24 hours notice. You will be billed \$125. not just a co-payment. Insurance companies generally do not reimburse for missed appointments. You may leave messages 24 hours per day at (619) 889-6711.

## IX. Complaints

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment or any office policy, please inform me immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

## X. Consent for Treatment

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction. You will receive a copy of this form.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_