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CONSENT FOR EVALUATION AND TREATMENT

Welcome to my practice. This document contains important information about my professional services and financial and business policies that I am required to have you review before we begin. Please read it carefully and ask for clarification as needed. When you sign this document, it will represent an agreement between us. It will reflect your consent to participate in an initial evaluation and to allow appropriate treatment to be provided by me. You may withdraw your consent at any time by telephone, in person, or in writing.

Professional Background

I am a licensed psychologist. I earned my Psy.D. in Clinical Psychology in 2010 from the School of Professional Psychology at Forest Institute. I have completed a two-year postdoctoral fellowship at the University of Rochester Medical Center. I have training in the diagnosis and treatment of psychological, emotional, behavioral, and interpersonal problems with adults, couples, and families. I am a member of the American Psychological Association, New York State Psychological Association, and the Genesee Valley Psychological Association.

Outpatient Services Contract

Description of Psychological Services: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient and the particular concerns and goals brought forth in therapy. As a psychologist with an integrative approach I may employ a range of modalities as we address your concerns, including psychodynamic, interpersonal, cognitive behavioral, and family systems methods, as well as individual, couple, or family therapy sessions. Therefore, specific treatment modalities will vary based on the individual needs and goals of each patient.

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. Although the aim of psychotherapy is to ultimately feel and function better than the state that led you to seek services, you may experience a worsening of symptoms and/or functioning after an individual session or may experience an initial decline from current functioning levels. Change may be difficult and uncomfortable at times. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to solutions to specific problems, better relationships, and significant reductions in feelings of distress. Psychotherapy involves a commitment of time, money, and energy and calls for an active effort on your part. In order for the therapy to be most successful, you will need to work on things both in our sessions and at home. Although there is no guarantee that treatment goals will be met, I will apply my resources in good faith to help you reach them.

Our initial sessions will involve an evaluation of your needs and treatment goals. By the end of the evaluation, typically within 1 to 3 sessions, 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. If you feel that our sessions have not been as helpful as you had hoped, it is important that we develop a plan to better meet your needs. Please be frank and open about your assessments of your changes. You have the right to choose any therapist. If, at any time, you feel there is some incompatibility between you and me, please mention the problem and see if it can be resolved. You will be given a list of other qualified therapists on request. If our work together reveals problems that are not within my area of expertise, I will refer you to an appropriate specialist.

Termination of Services: You have the right to end consultation or therapy at any time. Termination generally occurs when we mutually agree that goals have been reached or there is some other reason to terminate. I recommend that you discuss this important issue with me at least one session before you leave treatment. Under ordinary circumstances, it is advisable to plan your final session with me in advance.

Medication: As a psychologist, I do not prescribe medications or diagnose physical conditions. If you are interested in how medication might be helpful or if I feel that medication might be helpful for you then I will assist you in obtaining a medical/psychiatric evaluation. I have specialty training in collaborative care and I am committed to coordinating your care with your other providers to give you the best care possible. It is your responsibility to inform me of any and all prescribed medications and physical conditions. Additionally, I recommend that you have a complete physical examination to rule out any potential medical or physical problems that may be contributing to any symptoms you are experiencing.

Meetings: I conduct an initial evaluation that typically will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50 to 55-minute session (the typical duration of an hour therapy appointment) per week at a time we agree on, although some sessions may be more or less frequent. Once an appointment hour is scheduled, you will be expected to pay for it (\$100) unless you provide 24 hours advanced notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). Phone and cancellation fees are your sole responsibility and are not covered by insurance companies.

Professional Fees: My fees for service represent what is usual and customary for psychologists in the Rochester area. My standard fees are \$215 for the initial visit/evaluation and \$145 for subsequent 50 to 55-minute therapy appointments. I charge \$145 per hour for other professional services that you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Due to the difficulty of legal involvement, I charge \$225 per hour for preparation and attendance at any legal proceeding. I charge one dollar per page for release of your medical records. I must have the appropriate releases signed and in my possession in order to release your records to any third party.

Billing and Payment: You will be expected to pay for each session in full with cash (exact amount please) or personal check at the time of your appointment unless you have insurance coverage that requires another arrangement (e.g., only the co-payment may be required at each session). If you utilize insurance coverage for your sessions I am able to bill some insurance companies directly for the remainder of the charge. Timely payment of your bill is considered part of your treatment. Payment schedules for other professional services will be agreed to when they are requested. Returned checks will result in an additional \$25 charge to cover bank and accounting fees.

Please speak with me if you are having difficulty paying for your treatment. If your account with me is overdue and we have not arranged a payment plan, I reserve the right to hire a collection agency or use legal means to collect the outstanding balance. In the unfortunate event that this should happen, you will be responsible to pay not only the balance of the bill, but any fees associated with the hiring of the collection agency. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due.

Cancellation Policy: If you need to cancel or reschedule an appointment, please leave a message as soon as possible at (585) 454-9904. Please notify me of cancellations ***at least 24 hours*** before the appointment. Your appointment time has been reserved for you; therefore, you will be billed a \$100 fee for late cancellations or missed appointments not due to illness or emergency. Late cancellations/missed appointments are not covered by health insurance. If cancellations become frequent (more than three in a six month period) then we will need to discuss whether continuing therapy is appropriate for you since keeping scheduled appointments is an important part of the therapeutic process.

Professional Records: The laws and standards of my profession require that I keep treatment records, including written notes of all sessions. Records of any services you receive by me are maintained in a password-protected and HIPAA compliant website called Therapy Notes. Paper records are shredded immediately after they are scanned in to Therapy Notes. Computerized treatment records are erased approximately seven years after we end our psychologist-patient relationship contract. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests (detailed in *Professional Fees* in this document).

Health Insurance: If you plan to utilize health insurance, it is very important to familiarize yourself with your policy's requirements, limitations, and benefits. I strongly recommend that you obtain information regarding your co-payment, how many Behavioral Health visits per year are covered under your policy, and whether there are any limitations on the types of services covered. If necessary, I can contact your insurance company to clarify any confusion that may arise. However, it is ultimately your responsibility to have accurate information regarding your insurance coverage. I will fill out forms and provide you with whatever assistance I can in helping you to receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. You are responsible for submitting paper work for your own reimbursement, for keeping accurate records regarding the extent of your own coverage, and for knowing the terms of your policy. Some insurance companies require a referral from your primary care physician or authorization from the company itself prior to initiating psychotherapy to be eligible for insurance coverage of mental health services. If a referral is necessary from your primary care physician, please call to arrange this **prior** to your first appointment with me. If you have not obtained the required pre-authorization, you are responsible for paying the full psychotherapy fee. Please note that some psychological services are not covered by certain insurance carriers.

I am a member of some HMO and PPO provider panels (e.g. Excellus, Aetna, etc.). As a member of these panels, I have agreed to charge specific rates to subscribers that may vary from the fees noted in the *Professional Fees* section above. If applicable, you are required to pay the co-payment specified by your health plan for any psychotherapy sessions that are billed by me to your insurance company. Any portion of the psychotherapy fees not covered by the insurance company, such as a deductible, is your responsibility.

Please be aware that if they are paying for services, your health insurance company requires that I provide them with information relevant to the services that I provide to you and they have the right to access your record. I am always required to provide a clinical diagnosis and the dates of service provided. I am occasionally required to provide additional clinical information, such as a description of the problem, treatment plans, treatment summaries, or copies of your entire record. If you have specific questions regarding the type of information your insurer requires, or the manner in which they protect such information, I encourage you to contact their customer service department directly. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information and thus cannot guarantee the privacy of your information once it leaves my office. Signing this form authorizes me to exchange with your insurance company whatever information they require to reimburse me for services. Additionally, some insurance plans require me to communicate with your primary care physician (e.g., submit a yearly treatment plan and/or summary with current diagnosis). Your signature on this form gives me permission to release information to your primary care physician as required by your insurance carrier, as applicable.

Confidentiality: In general, the privacy of all communications between a patient and a psychologist are protected by law, and I can only release information about your treatment to others with your written permission. But there are a few exceptions.

As described above, many insurance carriers require periodic updates about your progress in treatment. When I am required to share information, I will provide the minimum necessary information in order to ensure safety and proper treatment.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony and/or written records if s/he determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient 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. By signing this document, you waive confidentiality with regard to matters stated in the above three paragraphs under the "confidentiality" heading.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice but formal legal advice may be needed because the laws governing confidentiality are quite complex and I am not an attorney.

Contacting Me: I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends or holidays. It is often helpful to inform me of some times that you will be available, particularly if it is difficult to reach you due to schedules, work situations, etc.

In emergencies, you can contact my answering service at (585) 399-7710 and they will attempt to reach me. My voicemail gives out this emergency number. If I am unavailable to provide coverage for emergencies, a professional clinician will be covering for me. My 24-hour answering service will know who is covering my practice and how to reach that person in the event that I am not available. Your signature on this form provides me with permission to share necessary information about you with the person on call for me.

If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. The phone number for emergency psychiatric services at Strong Memorial Hospital is (585) 275-4501. Another resource is Lifeline at (585) 275-5151.

If at any time you feel that you cannot safely wait for a response or are faced with a situation that requires emergency medical attention, call 911 or go to the nearest hospital Emergency Department.

If you have any questions about the above information or policies, please discuss them with me. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient:

Print Name

Sign Name

Date

Psychologist:

Adena Shoshan, Psy.D.

Print Name

Sign Name

Date