Lindsay A. Solomon, Psy.D., L.L.C.
Licensed Psychologist
4180 Providence Road, Suite 305 Marietta, GA 30062 (678) 350-5178

CLIENT SERVICES AND CONSENT TO TREATMENT

I am very pleased that you have selected me to be your psychotherapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

The Process of Psychotherapy

The processes of change and course of psychotherapy varies for each individual. Some may find that they experience significant progress within a relatively short period of time whereas others may take longer. In order for therapy to be most successful, it is important that you and I work collaboratively in sessions to discuss your concerns, expectations, and needs. For parents of minors, there may be times that I request joint sessions with you to facilitate treatment goals. Psychotherapy requires active engagement and it may be necessary for you/and/or your child to continue to work on things that you and I discuss both during and between sessions. Psychotherapy has been proven to have many benefits including improved interpersonal relationships, coping, understanding of thoughts and emotions and relief for symptoms of distress. While psychotherapy has its benefits it can also have its risks. Therapy may cause unpleasant feelings and involve discussing difficult life events and changing behavioral patterns. While these risks are possible, it is my goal to strengthen families and facilitate personal growth. I am very committed to helping you and/or your family improve your overall well being and maximize the benefits of therapy.

I typically conduct an evaluation that will last 1-4 sessions. During this time, we can both decide if I am the best person to provide the service you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50-minute duration) per week at a time we agree on, although some sessions may be longer or more frequent.

Insurance Reimbursement

Some health insurance policies will provide limited coverage for out-of-network mental health treatment and will reimburse you directly for part of your cost. Each insurance company policy is different and it may benefit you to find out if you will be reimbursed for any cost.

You should know that typical insurance plans such as HMO's and PPO's are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for reimbursement of additional therapy after a certain number of sessions. While much can be accomplished in short-term therapy some people feel that they need more services after insurance benefits end. Some managed care plans will deny you reimbursement after your benefits run out.

You should also be aware that your contract with your health insurance company often requires that I provide information relevant to the services I provide to you and I may be

required to provide a *Psychiatric Diagnosis*. Your insurance company may also request that I provide additional personal history and clinical information or copies of your entire Clinical Record. In such situations, I will discuss with you your options. I will also make every effort to release only the minimum information about you that is necessary for the purpose of reimbursement. This information will become part of the insurance company files.

I encourage you to carefully weigh the economic benefits against the privacy risks that may arise from sharing the information described above when determining whether or not to request reimbursement from your insurance carrier.

Confidentiality & Records

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are 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. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- If a 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.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice:

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Human Resources. I will also file a report with the appropriate Law Enforcement Agency. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other

than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.

- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because those are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. My fee for copying a Clinical Record is $1.00 per page. If I need to refuse your request for access to your records, you have a right of review (except for information provided to me confidentially by others), which I will discuss with you upon request.

In addition, I may also keep a set of Psychotherapy Notes on your case. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they generally consist of rather cryptic notes to me about our work that would not be very meaningful to others. They may also contain particularly sensitive information that you or others reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else without your written, signed authorization. In most cases, I would refuse to release these unless mandated by law, so this information remains highly protected and confidential. Insurance companies cannot require you to authorize me to release my Psychotherapy Notes as a condition of coverage nor penalize you in any way for your refusal to provide it.

Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of $175.00 per 50-minute session. The fee for each session will be due at the beginning of each session. Cash, personal checks or Visa/Mastercard/American Express credit cards are acceptable forms of payment and I will provide you with a receipt of payment if you request it. A $30 fee will be collected for each check that does not clear with the bank.

In addition to weekly appointments, you may ask me to provide other professional services. The fee for additional services related to psychotherapy is the same, and I will break down the hourly cost if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Legal Proceedings

If I choose to authorize my attorney to speak with Dr. Solomon, I agree and understand that Dr. Solomon will only provide my attorney information about myself (if I am the client), or my child or children (if he/she/they are the therapy client(s)). My attorney and I agree to never subpoena for Court or examine Dr. Solomon through deposition on any issues, including those they discuss with one another. My attorney and I also agree to never subpoena or require that Dr. Solomon produce any documents of any type. My only reason for seeking out the services of Dr. Solomon is to improve my child or children's mental health.

If Dr. Solomon agrees to participate in any type of legal involvement, including speaking with my attorney, I will be expected to pay for all of Dr. Solomon's professional time, including preparation, consultation with attorneys and transportation costs, even if she is called to testify by another party. Because of the difficulties posed by legal involvement, I agree to pay the fee of $300 per hour for preparation and attendance at any legal proceeding. **I also agree to pay a minimum pre-payment for four hours of time (preparation, travel and testimony) at least 24 hours prior to Dr. Solomon arriving at any legal proceeding, including court and depositions.**

If my account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Dr. Solomon has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require Dr. Solomon to disclose otherwise confidential information. If such legal action is required, all related costs will be included in the claim (which includes principal, legal fees and interest).

Cancellation Policy

In the event that you are unable to keep an appointment, **please make every effort to notify me at least 24 hours in advance**. If such advance notice is not received, you will be financially responsible for your hourly payment of the session you missed. Because I do understand unexpected emergencies, you will not be charged for the first session for which you do not provide 24 hours notice. However, if you miss an appointment (or cancel with less than 24 hours notice) you will be charged the full fee of missed sessions each time after the 1st time. If you miss a scheduled appointment, please assume that future appointments are not held. If you agree to keep payment information on file, such as a credit card number, Dr. Solomon will collect the fee(s) for all appointments cancelled without 24 hours notice (except on the first such occasion) with the payment information that is kept on file. Please note that insurance companies do not reimburse for missed sessions.

Contacting Me and Emergency Procedures

I am often not immediately available by telephone; therefore I have a confidential voicemail service that I monitor frequently throughout the business day. However, I often am not available to return calls until the following business day. If you prefer, I am also available to communicate via e-mail. If you leave me a voicemail message and/or send me

an email and you do not receive a response from me within 2 business days, please assume that I did not receive your message. Should you leave a message during the weekend it may not be returned until the start of the week unless it is a clinical emergency.

Because I cannot guarantee an immediate response and I may not receive your message until the next business day, if you have a mental health emergency, I encourage you not to wait for my call, but to do one or more of the following:

- Call the Georgia Crisis and Access Line at 1-800-715-4225
- Call a friend, family member, or other person that you consider to be a part of your support network.
- Call 911.
- Go to a hospital emergency room of your choice.

Minors and Parents

Clients under 18 years of age (who are not emancipated) and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress particularly with teenagers, it is my policy to request an agreement from parents that they consent to limited access to their child's records. If they agree, during treatment I will provide them only with general information about the progress of their child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization. However, if I feel that the child is in danger or is a danger to someone else, I will notify you of my concern, if prudent. If possible, I will discuss the matter with the child before giving any information to you and I will do my best to handle any objections he/she may have.

If you are divorced or separated, or were never married to your child's other parent, you must provide to me, in writing, proof that you are able to provide consent for treatment, as soon as possible.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and **you authorize me to begin treatment with you/your child.**

_____ _____

Client Name (Please Print) **Date**

_____

Client Signature

If Applicable:

_____ _____

Parent's or Legal Guardian's Name (Please Print) **Date**

_____

Parent's or Legal Guardian's Signature

Please initial to indicate that you have read this page: _____

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

_____ _____

Therapist's Signature **Date**

Please initial to indicate that you have read this page: _____