

Delanie Isaacs, MA, LPCC
6058 Montgomery Road · Cincinnati, OH 45213 · (513) 739-9255

Informed Consent/Consent to Treat

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign this document, or at any time in the future.

Counseling Services

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first session will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and agree upon an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion.

Appointments

Appointments will ordinarily be 50-55 minutes in duration, once per week at a time we agree on, although sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. **If you miss a session without canceling, or cancel with less than 24 hours notice, my policy is to charge your credit card for the entire amount of the missed session, regardless of the validity of the reason for the absence.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees

My fee for individual counseling is \$150 for each 50-55 minute session. The fee for couples counseling is \$200 for 55 minute sessions, and \$325 for 90 minute sessions. You are responsible for payment at the time of your session. Payment must be made by check, cash, or via Iyypay. Any checks returned to my office are subject to an additional fee of up to \$50.00 to cover the bank fee that I incur. If

you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge for other professional services that you may require such as report writing, telephone conversations that last longer than 5 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay in advance for the professional time required (including preparation time) even if another party compels me to testify. My fee for appearing in court is \$1500/day, paid in advance.

Insurance

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Please note that you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information database. I will provide you with a copy of any report I submit, if you request it. By signing this agreement, you agree that I can provide requested information to your carrier if you plan to submit superbills to your insurance company for reimbursement.

If requested, I will supply you with a superbill, which is a receipt of payment for services that you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague. In addition, if you plan to request reimbursement from your insurance company, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may not be reimbursed for the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Many policies cover a limited percentage for out-of-network services. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

Professional Records

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis if a diagnosis is indicated, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Contacting Me

I am usually not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Mental Health Access Point at (513) 558-8888, 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences.

Electronic Communications Policy and Consent

No form of electronic communication is considered 100% secure. As such, your therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically including text messages and emails. Additionally these forms of communication are not compliant with the Health Insurance Portability and Accountability Act (HIPAA). You may elect to communicate via email

or text messaging for issues regarding scheduling and administrative issues. If you opt to utilize electronic forms of communication to discuss therapeutic content, there is no guarantee of absolute confidentiality.

Your therapist is ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication. A judge can subpoena your records for a variety of reasons, and if this happens, your therapist must comply. You should also be aware that any email sent to your therapist from a computer in a workplace environment is legally accessible by your employer. Refraining from completing this form signifies that you wish only to be contacted by telephone. If you are comfortable with correspondence via email and text, please sign below confirming understanding and receipt of electronic communication policies.

Delanie Isaacs, MA, LPCC may communicate with me about scheduling/administrative issues or share pertinent literature via email or text at the following address/number:

Email/Number: _____

Signature: _____

Date: _____

If at any time my therapist or I believe email/texting is interfering in my therapeutic process or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to emails/texts, and insist upon a verbal conversation before proceeding. Additional Disclaimers Regarding Social Media Internet Searches: While my present or potential clients might conduct online searches about my practice and/or me, I do not search my clients with Google, Facebook, or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. If clients ask me to conduct such searches or review their websites or profiles and I deem that it might be helpful, I will consider it on a case by case basis and only after discussing possible impacts to our professional relationship and your privacy.

Facebook/Pinterest/Twitter/Instagram:

Your therapist does not accept requests from current or former clients on any personal social networking sites. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up in session. Delanie Isaacs, MA, LPCC does have a Facebook and Instagram page to share pertinent articles related to psychotherapy. You are welcome to follow/like these professional pages and read or share articles posted there. However, by doing so you understand that this may compromise your confidentiality.

Other Rights

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Printed Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date _____