

CONSENT FORM

Psychological Services is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Psychological services involves sharing sensitive, personal, and private information that may at times be distressing. During the course of psychological services, there may be periods of increased anxiety or confusion. The outcome of psychotherapy is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the Psychological process.

PAYMENT POLICYS AND PROCEDURES:

All payments (or co-payments, if applicable) are expected to be made in full, on the day of service and are collected at the beginning of each encounter. Cash, checks, and credit cards are accepted as payment during the office visit. BHMC reserves the right to discontinue services if your account is 30 days past due. If you paid for the services with a personal check and your check "bounced" because of insufficient funds, an administrative (processing) fee of \$50 will be added to your balance for each invalid check.

LATE-CANCELLATION/ NO SHOW POLICY: Cancellations must be made within 24 hours. If you do not show up for your scheduled appointment, and you have not notified BHMC at least 24 hours in advance, you will be required to pay the full cost of the treatment as booked. The Late-Cancel/No-Show fee is \$60.00.

The reason behind this policy is to protect the provider's time, not to penalize you financially. Please consider the fact that when you make an appointment, you are booking the provider's time that is no longer available for scheduling. Your session time is reserved/booked for you. If you late-cancel a session or no-show, BHMC will have to charge you for the lost time unless we are able to fill it. It is important to note that insurance companies do not provide reimbursement for cancelled or no-show sessions; thus, you will be responsible for the fee as described above.

ADMINISTRATION COSTS:

If a third party (another provider, a lawyer, etc.) requests a copy of your treatment records, such notification, to be completed in time, would have to be made 5 work days in advance. A minimal \$50 administrative fee will apply (for time, processing, and copying). Documentation (report-writing, filling out forms, letters) for court-mandated, employer-mandated and disability (FMLA, etc.) purposes will be billed at a \$125. Please, note that a minimum of 1 hour will be charged.

CONFIDENTIALITY:

All interactions with psychologist, including scheduling of or attendance at appointments, content of your sessions, progress in Psychotherapy, and your records are confidential. No record of Psychotherapy is contained in any academic, educational, or job placement file. You may request in writing that the staff release specific information about your Psychological treatment to persons you designate.



EXCEPTIONS TO CONFIDENTIALITY:

- The Psychological staff works as a team. Your therapist may consult with other Psychological staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Florida state law requires that staff of Psychological Services who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require the Psychological Services staff to release information contained in records and/or require a therapist to testify in a court hearing.

I have read and discussed the above information with my therapist. I understand the risks and benefits of Psychotherapy, the nature and limits of confidentiality, and what is expected of me as a patient of the Psychological Services.

Signature of Patient

Date

Signature of Licensed Psychologist

Date