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Consent to Treatment Form

For Your Information

Welcome to my practice. I appreciate your trust and the opportunity to assist you. This consent form is designed to answer some frequently asked questions about my practice and our relationship, so please read all of it before you sign it at the end. As you read feel free to note any places that are not clear to you or write in any questions that come to your mind so we can discuss them. A copy of this consent form is yours to keep and refer to at any time.

HIPAA

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a recent new federal law that mandates new privacy requirements and patient rights pertaining to the use and disclosure of your Protected Health Information (PHI) in connection with treatment, payment and health care operations. HIPAA requires me to provide you with a Notice of Privacy Practices (the Notice), which is attached to this agreement and explains HIPAA and its application to your personal health information in great detail. The law requires that, at the end of the first session I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, they contain important information about your rights, and I ask that you review them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; or unless there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or unless you have not satisfied any financial obligations you have incurred.

Treatment

The benefits of psychotherapy have been repeatedly and scientifically demonstrated for most people and in most situations. Depending on your initial issues and symptoms, benefits might include the lessening of depressive symptoms or feeling less afraid or anxious. You may experience a significant decrease of depression or anxiety and an increased sense of well being. With a more thorough understanding of yourself, you are likely to be able to make changes that enhance your family or social

relationships and find deeper satisfaction in them. Through the therapeutic process, you may come to better understand your personal goals and values and become more capable of honoring them in day to day life, thus growing and maturing as an individual.

I encourage you to obtain knowledge of the procedures, goals and possible side effects of psychotherapy. I expect to make our professional contact one in which you receive the maximum benefit and I will keep you informed about alternatives to psychotherapy. As with any powerful treatment, there are both benefits and risks associated with psychotherapy. The risks include the experience of intense and unwanted feelings, including sadness, anger, fear, guilt or anxiety. It is important to remember that these feelings may be natural, normal and an important part of your therapy process. Other risks of therapy might include recalling unpleasant life events, facing unpleasant thoughts and beliefs, experiencing increased awareness of feelings and shifting desire or ability to respond in customary ways with others in relationships. As a result, there may be an increase in stress and tension in those relationships.

Major life decisions are often made during treatment. These include separating from spouses, ending significant relationships, changing employment settings, and modifying lifestyles. These decisions are the legitimate outcome of the therapy experience and are the consequence of examining and perhaps questioning long held personal beliefs and values. As part of our work together, I hope to discuss any of your assumptions, problems or possible adverse side effects of your therapy.

As I only accept patients whom I believe I can help using the professional knowledge and experience available to me, I expect to enter our relationship with optimism and enthusiasm.

Appointments

My services are by appointment only. Individual psychotherapy is scheduled for a 50-minute session. My current office hours for individual appointments are Monday through Thursday 9:00 AM to 5:00 PM. On-going group therapy sessions meet Wednesday 5:30 to 7:00 PM.

If you must cancel an individual therapy appointment, please let me know as far in advance as possible, but at least one day in advance so that I can offer that time to someone else. **Because the appointment time is reserved for you, it is necessary to charge for appointments that are not cancelled 24 hours in advance. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.**

In group therapy, two missed sessions per calendar year are permitted with no charge. All other missed sessions are charged at the full fee. Your space in the therapy group is exclusively yours and is reserved at all times.

Contacting Me Between Sessions

Although I usually do not take calls when I am in session, I typically check my voice mail at the end of every hour and if you leave a message I will answer it as soon as other demands permit. Generally, calls

are returned within the same day, with the exception of weekends and holidays. In a genuine emergency, please call me at (240) 793-8254 and follow the instructions to have me paged. I will return your call as soon as possible. Although I care a great deal about you and your call, I keep phone contact short, believing that the therapeutic session is most effective.

If you are unable to reach me and feel that you cannot 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. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Fees and Payment

My current fee for individual **50-minute psychotherapy sessions is \$225.00** and for **90-minute group psychotherapy sessions is \$100.00**. The fees for psychological testing will be discussed prior to administration of any tests. I will give you a statement during the first week of the month for services rendered in the previous month and expect to be paid the next week. Visa and MasterCard are not currently accepted. The fee schedule is reviewed periodically. Any increases in fees are usually made in January or September. Please remember that the financial relationship, just like the therapeutic relationship, is between you and me and the responsibility for prompt payment of all fees is yours. In the rare event that collection action should be necessary you will be responsible for the amount due plus all collection costs including attorney fees.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or an attorney, or going through small claims court. This process will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, the cost will be included in the claim.

At times, patients become involved in legal proceedings that require my participation. Such proceedings make considerable demands on my time and energy and it is my practice to charge for any professional services that I provide in these circumstances even if I am called to testify by another party. My current charge for forensic services is \$300 per hour for preparation, transportation costs, and attendance at any legal proceeding.

Insurance

If you have a health insurance plan, your visits may be reimbursed by your insurance plan. My statement contains the standard information needed to swiftly process your claim. Most insurance plans cover a portion of psychologists' fees, although the percentages and amounts vary widely. Although I am not a member on any panel, I am happy to help you figure out the mental health benefits offered by your plan. Since you have a contract with your health insurance carrier, it has been my experience that they are more responsive to you, the insured, than to me, the provider. Therefore, I prefer that you file your own insurance claims, but I will gladly respond to any requests to assist you.

While a patient's diagnosis is very sensitive information and is generally treated as such by insurance carriers, I cannot guarantee how any insurance carrier or employer respects this information. If you prefer that I do not release information to your insurance company for reimbursement purposes, or if your insurance carrier fails to reimburse you at the level that you expected, you remain responsible for the fee for services.

You should be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. Maryland permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Maryland law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes. If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention and we can discuss what to do. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has this information, it 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 databank. 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.

Medication and Hospitalization

At times the level, duration or nature of a patient's distress is such that the use of medication appears to be indicated. Should this situation arise, you and I will discuss the symptoms and circumstances that indicate that medication may be useful or necessary. Psychologists are not physicians and consequently do not prescribe medication at this time. I work with several psychiatrists in the area and we routinely collaborate on issues of medication, ensuring that your specific needs are met and ensuring continuity of care. If medication is indicated, you will likely use the services of a psychiatrist who serves as a "medication consultant" while you continue psychological treatment with me.

In certain circumstances the seriousness of a patient's condition may require a higher level of care than can be provided in an outpatient setting. If this should become necessary, you and I will discuss the need for a hospital stay or admission to a residential treatment program and identify the program that best meets your unique needs. The final decision to enter a program will be yours.

Patient Rights Including Confidentiality

At any time you may question and/or refuse therapeutic or diagnostic procedures or methods or gain whatever information you wish to know about the process and the course of therapy.

I treat the information you share with me with the greatest respect. The confidentiality of our

conversations and my records are protected by standards for professional practice established in the *Ethical Principles of Psychologists* of the American Psychological Association and by specific Maryland state law governing privilege and confidentiality. In most situations, I can only release information about your treatment to others if you sign a written Authorization form. However, there are some circumstances in which no authorization is required. These circumstances are specified by Federal Law (HIPAA). As you will see below, the Federal requirements are aimed at protecting the rights of patients and psychologists, and in some cases, the community at large. Most of them reflect the legal and ethical responsibility of a psychologist to take action to protect endangered individuals from harm when such a danger exists. Fortunately, such situations are rare. If a crisis of this sort should occur, it is my policy to discuss these matters fully with you before taking any action, unless, in my professional judgment there is a compelling reasons not to do so. Confidentiality will be respected in all cases, except as noted below:

- I may occasionally find it helpful to consult other health and mental health professionals. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. Unless you 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.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, 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 patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If disclosures are required by health insurers or it is necessary to collect overdue fees, I may disclose relevant information as specified elsewhere in this Agreement.

There are some situations in which I am legally obligated to take actions that I believe are necessary to attempt to protect others from harm. In such situations, it may be necessary to reveal some information about a patient's treatment. Again, these situations are unusual in my practice.

- If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that I file a report with the appropriate government agency, usually the local office of the Department of Social Services. Once a report is filed, I may be required to provide additional information.
- If I know that a patient has a propensity for violence and the patient indicates that s/he has the intention to inflict imminent physical injury upon a specified victim(s), I may be required to take protective actions. These actions may include establishing and undertaking a treatment plan that is calculated to eliminate the possibility that the patient will carry out the threat such as seeking hospitalization of the patient and/or informing the potential victim or the police about the threat.
- If I believe that there is an imminent risk that a patient will inflict serious physical harm or

death on him/herself, or that immediate disclosure is required to provide for the patient's emergency health care needs, I may be required to take appropriate protective actions, including initiating hospitalization and/or notifying family members or others who can protect the patient.

Should any of these situations arise, I will make every effort to discuss my concerns fully with you before taking any action. If it becomes necessary to release information about your treatment, I will disclose the minimum amount of information necessary to resolve the issue.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you may still have questions or concerns about the regulations. Please feel free to raise these with me at any time.

In some less urgent circumstances, it may be my best clinical judgment that the maintenance of confidentiality is counterproductive to your progress in treatment. In this case, I will request your permission to contact family members or significant other individuals. Of course, I will inform you of my concerns and outline the basis of my clinical judgment. You will have the final decision as to whether I may contact these individuals, and if you agree to the contact you will be asked to sign an Authorization Form.

If I think that it would be helpful to refer you to another professional for consultation (e.g., for medication) then I will discuss your case with the professional with your authorization.

If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record. You must make the request for your record in writing. Because these are professional records, they may be misinterpreted and/or upsetting to lay reader. 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. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Records, you have a right of review, which I will discuss with you upon request.

In addition, I also keep a set of Psychotherapy Notes. 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 can include the contents of our conversations, my analysis of those conversations, and their implications for your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal.

Ending Treatment

In most cases, the time comes when the circumstances that indicated psychological treatment are fully understood and resolved. A natural ending point or termination becomes evident to both of us. Either of us may terminate our work together if we believe it is in your best interest. Termination should not be done causally, as it can be a most valuable part of our work together. Typically the decision is made jointly between you and me, allowing sufficient time to review our work together including accomplishments and any outstanding issues that remain. If referrals are warranted, they will be made at this time. Sometimes, circumstances arise that result in an arbitrary ending date for treatment. In those situations, I ask for at least two sessions after the decision to end treatment has been made to conclude our work together.

Consent to Psychological Treatment

I have read the issues and points stated above, discussed and clarified those that were unclear to me and had my questions answered. I fully understand and agree to comply with the conditions outlined in this consent form. I consent to enter psychological treatment with Barbara L. Wood, Ph.D., as indicated by my signature.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name: _____

Signature: _____

Today's Date: _____

PLEASE RETURN THE SIGNED CONSENT FORM TO ME.
I WILL PROVIDE YOU WITH A COPY FOR YOUR RECORDS.
THANK YOU.

I truly appreciate the opportunity you have given me to be of professional service to you. I am eager to receive your questions, comments, suggestions or concerns at any time. I look forward to our work together and a relationship that I believe you will find productive and beneficial.