

## **Informed Consent for Treatment**

This document contains important information about professional services offered, clients' rights and responsibilities, and business policies. Please read it carefully and discuss with me any questions you may have. When you sign this document, it represents an agreement between us.

### **Background and Treatment Philosophy**

I hold a Ph.D. in clinical psychology from Duke University and have more than 30 years of clinical experience treating adults, children, and families. With adults, I specialize in treating stress, anxiety, depression, and Bipolar Disorder, both individually and in marital or family therapy. In my child and adolescent practice, I take a family-centered approach to working with school and relationship problems. I specialize in children with mood disorders, including childhood Bipolar Disorder. I work with LGBTQ+ clients of all ages, including children and young adults going through the process of gender affirmation.

### **Appointments**

Appointments are typically fifty minutes in length. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **48 hours advance notice** of cancellation during regular business hours. For Monday appointments, cancellation must be by 5 PM on Fridays.

### **Professional Fees**

My current fee is \$275.00 per fifty minute session for individual, marital, or family therapy. I also charge \$275.00 per hour for other professional services you may need, such as report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals, emails, and preparation of records or treatment summaries. For these services, I break down the hourly cost into 15 minute increments. My rates for expert testimony are \$400 per hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time in advance even if I am called to testify by another party.

### **Billing and Payment**

You will be expected to pay for each session at the time of service. Please pay at the beginning of that session by cash or check. I will provide you with a statement at the end of each month. I reserve the right to immediately cancel future appointments if your balance exceeds **\$1000.00**. If your account has not been paid for more than 45 days and arrangements for payment have not been agreed upon or have not been met, I will employ the assistance of a collection agency to secure payment. The overdue account will also be subject to late fees and all costs of collection. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

### **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 that covers mental health treatment, you should inquire about the exact nature of your benefits. I will be happy to provide you with any information that will help you obtain reimbursement, but you

are responsible for full payment of my fees. You should be aware that insurance companies often require me to provide them with a clinical diagnosis and, in certain cases, treatment summaries which may contain personal information.

### **How to Contact Me**

I can be reached by telephone at (301) 770-0275 during regular business hours or at any time by email at EDyePhD@fastmail.com. I have an emergency number which I can provide upon request. From time to time it may be necessary for you to call me due to an emergency. For example, a serious difficulty may arise in your life which leaves you feeling helpless or suicidal. In such cases, call me immediately. If I cannot be reached directly, please leave a message on my voice mail, and I will return your call as soon as possible.

As an individual practitioner, I cannot be available twenty-four hours per day. If you are unable to reach me in an emergency situation, go to your nearest hospital emergency room, and I will respond as soon as possible.

Whenever I am out of town or on vacation, I will give you the name and phone number of a licensed psychologist to call in the event of an urgent need or emergency. This psychologist will be able to contact me for consultation if she or he determines that it is necessary.

### **Confidentiality**

Information we discuss is private and will not be released to anyone without your verbal or written consent. If consent is by phone, it will be documented as such.

There are three exceptions to the legal privilege of confidentiality:

1. When there is a clear imminent danger to yourself or someone else, a psychologist has a legal responsibility to try and prevent that occurrence.
2. Maryland State law requires that psychologists disclose information to Social Services concerning any "reasonable suspicion" of child abuse.
3. In certain legal proceedings, confidential information may have to be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

### **Confidentiality and E-Mail**

E-mail is not considered a completely confidential means of communication. Although it is unlikely that an e-mail would intentionally be intercepted and read by a third party, it is true that the organization providing the e-mail address usually stores and has access to e-mails, potentially in perpetuity. It is recommended that clients do not share private clinical information via e-mail. However, many clients sign an e-mail waiver form allowing communication regarding scheduling, billing, or other routine matters.

It is important that we discuss any questions or concerns that you may have. Your signature on the next page indicates that you have read the information in this document and agree to abide by the terms during our professional relationship.