

## **ADULT CLIENT: INFORMED CONSENT FORM**

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Telephone: (801)661-1992  
**Please print and bring this completed form to your first appointment.**  
(The last page can be signed at the initial meeting after any of your questions have been answered.)

### **INFORMED CONSENT AND OUTPATIENT SERVICES CONTRACT**

Welcome to my practice. This document contains important information about my professional services and business policies. Information on assessment, collateral contacts, professional records, confidentiality from third parties, and related legal issues, risks and benefits of psychotherapy, diagnoses and treatment plans, psychotherapy fees, cancellations, and emergencies is reviewed. Please read it carefully, sign each section, and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **Part 1: Professional Services, Business Policies and Contact Information (including emergencies)**

#### **MEETINGS**

I normally conduct an evaluation that will last 1 to 2 sessions and includes your completion of the Adult Client History Form on this website. During this assessment we can both decide if I am the best person to provide the services 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 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. [If it is possible, I will try to find another time to reschedule the appointment.]

#### **PROFESSIONAL FEES**

My initial assessment is \$300.00.

My hourly fee is \$175.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party, unless the court

determines otherwise. [Because of the difficulty of legal involvement, I charge \$350.00 per hour for preparation and attendance at any legal proceeding.] Letters and reports will be billed at that hourly rate.

I understand that payment is due at the end of each session and that I am responsible for any and all fees.

Initial here if this section has been read and understood \_\_\_\_\_

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held. I accept cash, checks and credit cards. I do not bill insurance companies.

However, upon your request, I will provide a monthly statement that you can submit to your insurance company if you so choose.

Insurance benefits have increasingly become more complex and it is your responsibility to determine if submitting such a claim will aid in your reimbursement. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis on billing statements. This information will become part of the insurance company records, and I do not have control over information once it is submitted. Initial here if this section has been read and understood \_\_\_\_\_

## **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office on Thursdays between 2 pm and 9 pm, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a confidential voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [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.

Initial here if this section has been read and understood \_\_\_\_\_

## **EMERGENCIES**

If you are unable to reach me and feel that you can't wait for me to return your call and it is an emergency, call 911 or go to the nearest emergency room and ask for the psychologist, social worker or psychiatrist on call.

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

**Signature**

## **Part 2**

### **Assessment**

Psychotherapists must conduct both an initial and ongoing assessment to understand a patient's psychological needs. It is essential that you support this assessment process by completing all forms, questionnaires, and psychological tests provided to you and by meeting at scheduled times. Please be completely open and honest about all influences that may be affecting you, even if doing so is painful or embarrassing. Therapists usually cannot tell when patients deliberately conceal things. Therapists can only help with problems to the extent that they are provided with the whole truth.

**Initial here if this section has been read and understood** \_\_\_\_\_

### **Potential Benefits and Risks of Psychotherapy**

The goal of therapy is to reduce problems and strengthen coping strategies. In most cases, therapy improves a sense of well-being and relationships. In some cases patient's obtain little or no benefit from therapy or become worse and a different form of treatment is needed.

Other treatment modalities such as group therapy, and/or medication may be helpful and will be discussed with you if the need arises. Whether or not to utilize any of these interventions is determined by the patient.

Given this knowledge, the decisions to begin, continue, or terminate therapy belong to the patient . These decisions may be evaluated with one's therapist. Patients may also obtain independent consultation for a second opinion at any time.

If you have any questions about my procedures, we should discuss them whenever they arise. **Initial here if this section has been read and understood** \_\_\_\_\_

### **Psychotherapy is confidential from outside parties with important exceptions:**

1. Information may be released to designated parties by written authorization of patient.
2. When patients seek reimbursement for psychotherapy from insurance companies or other third parties, information, including psychological diagnoses, must often be provided to the third party. In many cases, explanations of symptoms and treatment plans and, in rare cases, entire client records are also required. If health coverage is provided by the parent's employer, the employer may have access to such information. Insurance companies usually claim to keep psychological diagnoses confidential, but may enter this information into national medical information data banks, where it may be accessed by employers, other insurance companies, etc. Your therapist will provide you with copies of reports submitted to insurance companies at your request.
3. Psychotherapists are required to release information obtained from children or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, and spouses) to appropriate authorities to the extent to which such

- disclosure may help to avert danger to a psychotherapy client or to others, e.g., imminent risk of suicide, homicide, or destruction of property that could endanger others.
4. Psychotherapists are required to report suspected past or present abuse or neglect of children, adults, and elders, including children being exposed to domestic violence, to the authorities, including Child Protection and law enforcement, based on information provided by the client or collateral sources.
  5. If adults participate in psychotherapy in compliance with a court order, psychotherapists are required to release information to the relevant court, social service, or probation departments.
  6. Your psychotherapist must release information, which may include all notes on your child's psychotherapy and contact with collateral sources, in response to a court order and may also be required to do so in response to a legitimate subpoena.
  7. Psychotherapists often consult with other professionals on cases and teach or write about the psychotherapy process, but disguise identifying information when doing so. Please indicate to your therapist if you wish to place restrictions on consultation, teaching, or writing related to your case.
  8. Psychotherapists reserve the right to release financial information to a collection agency, attorney, or small claims court if you are delinquent in paying your bill.
  9. Cell phone and e-mail communications can be intercepted by third parties. These forms of communication are reserved for urgent or time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail/text communications may be printed in full and become part of a client's file.
10. Initial here if this section has been read and understood \_\_\_\_\_

## **Professional Records**

Your record includes a copy of the signed informed consent form, acknowledgement of receipt of privacy policy and practices, progress notes, any releases of protected health information, and copies of your bills. Records are kept in a locked file cabinet in my home office as I am only in the office one day a week and often find I need access to your record when I am not in the office. Please note that my records remain in my possession from the moment I leave the office until I arrive home and are immediately placed in this confidential, locked cabinet.

In the event of my untimely death, a conservator, will be responsible for the management of my records.

**Initial here if this section has been read and understood \_\_\_\_\_**

## **Psychotherapy Contract**

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, assessment, collateral contacts, professional records, confidentiality from third parties, my diagnosis and treatment plan, length of psychotherapy, fee for psychotherapy, emergencies, and cancellations. Initial here if this section has been read and understood \_\_\_\_\_

Based on my understanding of these issues, I agree to proceed with treatment.

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Print Name

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Signature

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Date