

Informed Consent for Psychotherapy or Psychotherapeutic Consultation (Individual, Couple, Group, and Family)

Westercamp Counseling, LLC

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Welcome to my practice. I appreciate your trust and the opportunity to be of assistance to you. Your decision to engage in mental health care services should begin with an understanding of the process. The following information is provided so that you may make an informed decision about such services. It is important that you read it carefully and jot down any questions you may have so that we may discuss them together. When you sign this document, it will represent an agreement between us.

What is Psychotherapy?

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Approaching feelings or thoughts that you have tried not to think about for a long period of time may be painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings and some of those feelings may be painful or unpleasant at times. On the other hand, psychotherapy has been shown to have benefits for many people who choose to go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. During the *initial consultation(s)*, we will work to establish an understanding of the nature of your needs, concerns, and goals. This may involve a formal diagnosis, and in some cases, more than one consultation session will be needed to establish

relevant current and historical information. If by the end of the initial consultation(s), likely no more than 4 separate appointments, either you/I decide that the therapist-client fit is not appropriate and/or it appears as though I am not an appropriate source of further assistance, appropriate referrals will at that point be made and/or alternatives suggested. You should take time to evaluate this information along with your own opinions of whether you feel comfortable working with me given that therapy involves a large commitment of time, money, and energy, as well as a willingness and ability to experience the therapeutic relationship deeply. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Please understand that there is no professional or business relationship implied or stated between any professionals sharing this office space.

Meetings

Initial consultations, as previously noted, generally last from 2 to 4 sessions; during that time, we can both decide if I am the best provider to meet your treatment needs. If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45-minute duration) per week at a time we both agree upon, although some sessions may be longer or less/more frequent. You are welcome to choose to see me, for example, for 60-minute sessions rather than 45-minute sessions.

Late Cancellations and No-Shows

Once an appointment hour is scheduled, you will be expected to pay a late cancellation fee not less than \$40 (not to exceed the routine cost of that appointment) unless you provide *at least 24 hours notice* of the cancellation. A failure to show for any appointment not cancelled or rescheduled prior to its start time, will result in a no-show fee of not less than 50% of the cost of the routine consult fee (not to exceed the routine cost of that appointment).

Professional Fee

The fee for service generally covers a 45-minute individual session and is \$150.00, unless otherwise agreed upon by this provider and client in the first treatment session. For couples/family, the fee for service is \$170.00 for a 45-minute session. If you choose to be seen for a 60-minute session, the cost is \$190.00. You will be expected to pay at the beginning of each session. I will charge \$150.00 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 may include the following: 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 requested of me.

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 your payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. 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.

Insurance Reimbursement

I do not participate in network with any insurance programs. I am licensed in South Carolina as a Psychologist. Your insurance company may reimburse you according to guidelines they have established for out of network providers. Your health insurance policy will usually provide some coverage for mental health treatment. I will give you a receipt after each session so you can file with your insurance company. However, you (not your insurance company) are responsible for full payment of my fees. You are responsible for knowing what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administration.

Contacting Me

I am not often immediately available by phone, as I do not answer my phone when I am with a client. When I am unavailable, my phone is answered by a confidential voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of holidays. *I do not text with patients.* My phone number does not receive texts so if they are sent to this number they will not be received. 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 cannot wait for me to return your call, *contact your family physician or go to the nearest emergency room* and ask for the psychologist or psychiatrist on call. Another option is to *call 911* if you're experiencing a life-threatening emergency. *If you are suicidal* you can also call the Suicide Prevention Lifeline 1-800-273-TALK (8255). If I am ever unavailable for an extended period of time, such as when I am vacationing, I will provide you with the name of a colleague to contact, if necessary. I have found, in most cases, that telephone counseling is not very effective. If you need more than ten minutes of my time to resolve an issue, it is better to make an appointment.

Use of Electronic Communications

I may infrequently use e-mail communication for administrative purposes only, such as scheduling. E-mail is an inherently unsecure form of communication, so please do not e-mail me about clinical matters. If you need to discuss a clinical matter between sessions please call me. Also please be aware that any e-mails you send to me that are not administrative in nature will be printed and will become part of your clinical record.

Social Media Policy

I do not engage in communication or relationships via social media with clients. This is for the protection of your privacy as well as the therapy relationship. If you happen to encounter me by accident through social media or the internet please feel free to discuss this with me in session. I do not accept "friend" requests from current or former clients on my psychotherapy related profiles or on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites.

If we happen to encounter each other outside of the professional setting I will not address you unless you address me first. This is also for the protection of your privacy from those either of us may be with. *I'm more than happy to return a friendly greeting, but will allow you to take the initiative if you would prefer to do so.*

Professional Records

The laws and standards of my profession require that I keep treatment records. As such, I will maintain detailed records of all contacts with patients for at least six years following the termination of our work together, according to State law. I maintain records in a secure location that cannot be accessed by anyone else. You are entitled to receive a copy of your records. Or rather, I can prepare a summary for you instead, as these are professional records and they can be misinterpreted by untrained readers. If you wish to review your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will, however, be charged an appropriate fee for any professional time spent in responding to information requests.

Minors

If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s)

responsible for making treatment decisions, including decisions about what access is allowed to your treatment record. In most cases, we ask the legal guardian(s) to waive his/her/their rights in this regard and allow you to be treated as if you were able to make those decisions for yourself. If your guardian(s) waive their rights, I will provide them with only general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving your guardians any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what specifically I am prepared to share with them. At the end of your treatment, I may prepare a summary of our work together for your legal guardian(s), but we will discuss it before I prepare it or send it to them.

Couples

When working with a couple, I consider the relationship between the members to be my patient. As such, with the exception of evaluation sessions, nearly all of our sessions will be conjoint. The first session will involve an evaluation of the interactions and problems in your relationship, the second and third sessions will be individual sessions for individual evaluations, and the fourth session serves to discuss whether you want to work with me and how I can be helpful, as well as to assist us in formulating treatment goals and deciding upon an appropriate approach to therapy. It should be noted that confidentiality applies to the couple and statements made in the individual assessment may be shared with the partner (or you may be asked to share the information) based on my clinical judgment. I do not see individual members of the couple while conducting couples therapy. Litigation Policy: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (including but not limited to divorce and custody disputes, injuries, lawsuits, etc..), neither you, your attorneys or anyone acting on your behalf will subpoena records from my office, or subpoena me to testify in court or in any legal proceeding. By your signature below, you agree to abide by this agreement. If I am subpoenaed to provide records or testimony in violation of this agreement, you acknowledge and agree you will pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. If you become involved in any legal matter that requires my services, there is a fee of \$350 per hour and this includes preparation time, travel time, and attendance at any legal proceeding. I also reserve the right to terminate our professional, therapeutic relationship and refer you to other mental health providers.

I will NOT provide custody evaluations or recommendations. I will NOT provide medication or prescription recommendations. I will NOT provide legal advice. None of these activities are within scope of my practice.

Confidentiality

South Carolina law and the federal HIPAA privacy rules are designed to protect the privacy of all communications between you and a mental health professional and records of your treatment. In most situations, I can only release information about your treatment to others if you sign a written authorization. The authorization will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless I have taken action in reliance on it. There are, however, some other potential exceptions to the general rule of confidentiality. Certain Federal and State laws and other special circumstances may necessitate exceptions to the general expectation of confidentiality. Some of the most prominent and important exceptions are included below.

Exceptions to Confidentiality:

- * *Threats of Harm:* If you threaten to harm either yourself (e.g., suicide threats) or someone else and I believe your threat to be imminent, we are required by law to take whatever actions seem necessary to protect you and/or others from harm. This may include our divulging confidential information to others, including the appropriate authorities. Even if a potential threat is not imminent, we reserve the right to contact spouses, family members, and/or other significant persons so that we may enlist their assistance in helping you to manage yourself. Similarly, if you express an intention to commit a crime that endangers yourself or others, we are allowed by law to disclose confidential information if this is necessary to prevent the crime.
- * *Abuse or Neglect:* If you are a minor, elderly, or disabled and I suspect you are a victim of abuse, or if you divulge information about such abuse, I am required by law to notify authorities.
- * *Court Orders:* If you are (or become) involved in litigation of any kind and it becomes known that you have received mental health services (thereby making your mental health an issue before the court), you may be waiving your right to keep your record confidential. You may wish to consult with your attorney about these matters before you disclose that you have received treatment. We will attempt to protect your confidentiality appropriately, but if a court order is issued for your record, State law dictates that we must comply. In the case of a subpoena, I will contact you so you and your attorney can take steps to contest the subpoena, but if you do nothing, I will obey the subpoena.

- * *Minors or Wards:* If you are a legal minor (i.e., a non-emancipated person under 18 years of age) or you otherwise have one or more legal guardian(s), then your legal guardian(s) is(are) considered by law to be the one(s) responsible for making treatment decisions, including decisions about what access is allowed to your treatment record. In most cases, we ask the legal guardian(s) to waive his/her/their rights in this regard and to allow you to be treated as if you were able to make those decisions for yourself. These can be complex situations that are best dealt with on a case-by-case basis.
- * *Couple, Family, Groups:* Clients being seen in couple, family, and group work are obligated to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process.
- * *Collection of Fees:* If I must resort to the use of a collection agency in order to receive payments due for psychological services, I am allowed by law to release confidential information without patients' consent.
- * *Other Potential Limits:* Information contained in communications via computers with limited security, control, such as e-mail and telephone conversations via cell phone is not secure and can compromise your privacy. I may occasionally find it helpful to consult with other professionals about a case without asking the client's permission, but I will avoid revealing the identify of my client.

South Carolina provides the consumer the opportunity to file inquiries with its Board of Examiners within the Department of Labor, Licenses, and Regulations.

Board offices may be reached at:

**South Carolina Boards of Examiners
PO Box 11329
Columbia, SC 29211-1329**

PLEASE INITIAL

_____ I understand the nature of the proposed therapeutic treatment, and I give my informed consent for psychological treatment by Kindra L. Westercamp, Ph.D.

_____ I understand that the fee for service is \$ _____.

_____ I agree to pay for any appointments in which I do not show or cancel/reschedule less than 24 hours before my scheduled appointment.

_____ I understand that if I am experiencing a medical or psychiatric emergency, I have been advised to dial 911 or go to the nearest emergency room, and I agree to abide by these instructions.

_____ I acknowledge that I have been offered a copy of the HIPAA Notice of Privacy Practices.

I have read the above Agreement carefully and have raised any questions I might have about it. I understand the terms of this Agreement and agree to comply with them during my professional relationship with Kindra L. Westercamp, Ph.D. I know I can end therapy at any time I wish.

Signature of Patient or Authorized Representative

Date Signed

Printed Name of Patient or Authorized Representative

Relation of Auth. Representative to Client

Statement of the Therapist:

This document was discussed with the client and any questions the client had were discussed. I have assessed the mental capacity of the client or of the authorized representative and found client/authorized representative capable of giving informed consent at this time.

Date

Signature of Therapist

Printed Name of Therapist