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Consent for Treatment and Notice of Business Policies

Welcome to my practice. This document contains important information related to my professional services and business policies. Please read it carefully. Questions related to this agreement can be discussed at any time. When you sign this document, it will represent an agreement between us. The information provided herein regarding my policies for protecting the privacy of confidential medical information is provided as required by law.

Psychological Services:

Psychotherapy can enhance your sense of well-being and help you make improvements to your life. Unlike other medical appointments, psychotherapy is a collaborative process, and your active participation is essential to your progress. You will be asked to express yourself honestly, be open to feedback, question ideas that you do not understand, and implement new strategies discussed in therapy. It is my responsibility to listen carefully to you, to ask questions to help further your insight, to share my observations and insights related to your experiences, to provide education on current perspectives from psychological research and practice, and to connect you with additional resources that may be helpful (such as books, support groups, etc.).

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Nevertheless, psychotherapy has been shown to have benefits for people who go through it. Therapy often leads to an increased sense of well-being, reductions in feelings of distress, improved relationship communication, and solutions to specific problems.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation period, I will be able to offer you some initial impressions of how our work together might be helpful. It is important that you evaluate this information, along with your own impressions of whether you feel comfortable working with me. Therapy involves a significant investment of time, money, and energy, so it is important to think carefully about making this commitment. If you have questions or concerns about our work together, we can discuss them whenever they arise. If you decide at any time that our work together is not satisfactory, I would be happy to help you determine the best course of action to take (e.g., stopping treatment altogether or beginning treatment with another mental health professional.)

Sessions:

I normally conduct an initial evaluation that will last from 1 - 3 sessions. During this time, we can both decide if I am the best person to provide the services that you need. If we decide to work together in psychotherapy, we will typically schedule at least one 50 minute session per week.

Cancellations:

Since scheduling of an appointment involves the reservation of time *specifically for you*, a minimum of **24-hours advance notice is required for re-scheduling or cancelling an appointment. You are responsible for paying the full session fee for missed sessions or late cancellations, unless our schedules allow for another appointment within the same work week.** Insurance companies do not reimburse fees for missed sessions; therefore, you will be responsible for this fee.

Professional Fees, Billing, and Payment for Services:

My hourly fee is \$175 for individual therapy sessions. Sessions are approximately 50 minutes. Payment is expected at the beginning of each session, unless other arrangements have been made. Personal checks may be made out to Ellen Connell, Psy.D. (preferred), but cash and credit cards are also accepted. In addition to regular appointments, I charge this fee for other professional services you may need, although I will break down the hourly cost into 10-minute increments. Other services may include report writing, extended telephone conversations (10 minutes or more), consultations with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other services you may request of me. Please keep in mind that insurance companies may not pay for some of these services, in which case you would be responsible for payment.

As the administrative costs of running a practice change, session fees will be adjusted accordingly. Review of fees will be held one time a year in June, at which time you will be notified of any changes. Such changes will be implemented during the month of July.

In the event that a check is returned due to insufficient funds (“bounced” checks), a \$35.00 fee will be charged to the client, in addition to responsibility for the original amount owed. If such situations arise, you may be asked to pay with a credit card or cash for subsequent sessions.

Insurance Reimbursement:

If you have a health insurance policy with Out of Network benefits, it will usually provide some coverage for mental health treatment. I provide services as an Out of Network Provider, but I can submit claims to your insurance company directly to have you reimbursed for a portion of the session fee. Most insurance companies will reimburse you within 30 to 60 days. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. I will be happy to help you understand the information you receive from your insurance company. Clients who wish to be reimbursed by their insurance should remember that submitting a mental health invoice for reimbursement carries a certain amount of risk, as not all issues, conditions, or problems are reimbursed by insurance companies. In such cases that a claim is denied, you are responsible for the full claim amount.

It is important to note that most insurance companies require me to provide them with a clinical diagnosis. Sometimes, I have to provide additional clinical information, such as treatment plans or summaries. This information will become part of the insurance company’s files and will

probably be stored on a computer network. 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. I will provide your insurance company with only the information required in order to meet their administrative needs. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. Any insurance payments will be processed under the name Ellen Connell, Psy.D., and any co-pays will be collected at the time of service.

Contacting Me:

I am often not immediately available by telephone. In addition to my private practice, I have other clinical responsibilities at other locations. While I am usually working Monday through Friday between 9 a.m. and 6 p.m., I will not answer the phone when I am with a patient. I monitor my voicemail during my working hours and will make every effort to return your call as soon as possible, and typically within 24-48 hours of when you call, with the exception of weekends, holidays, and after hours. **On-call or after-hours crisis services are not provided.** If I will be unavailable for an extended time, dates of my absence will be provided to you in advance, and I will provide you with the name of a colleague to contact, if necessary.

E-mail: I am available by email to discuss scheduling issues and, in some cases, to exchange referrals or resources. Because I cannot guarantee the security of email communication, and because our work together is best done in person, I will not discuss personal treatment information via email. Email should never be used in emergency situations. If you are cancelling or re-scheduling an appointment via email, you will be expected to pay for the session unless you provide 24 hours advanced notice of cancellation.

If you experience a mental health emergency and feel that you cannot wait for a return call, please call the D.C. Access Help Line at 1-888-7WE-HELP or 1-888-793-4357 or go to the nearest emergency room and ask for the psychologist or therapist on call. If you experience a medical emergency, please call 911.

Ending therapy: It is your right to end therapy at any time. If you have concerns or questions about your progress or your treatment, it can be very beneficial to discuss these openly with me. In addition, a planned end to therapy has positive effects for clients. A final closure session can be very important for you to acknowledge and summarize what you have accomplished and to discuss any unfinished concerns you have.

PROFESSIONAL RECORDS AND CONFIDENTIALITY

How the information in your record is utilized:

The laws of Washington, D.C. and the standards of my profession require that I keep treatment records. The information in your medical record is utilized in a number of ways. I use it to plan your treatment and to keep a record of the significant issues that we address in treatment. I also use the information to coordinate your treatment with other professionals or to provide information to significant others or family members; information is only provided to those with whom you have given me permission in writing to communicate regarding your treatment.

Your insurance company may require information in your medical record for payment by the insurance company or health plan. By signing this Consent, you authorize me to provide information to your insurance company as needed for payment of services.

For patients under eighteen years of age, please be aware that the law provides parents the right to examine treatment records. It is my policy to request an agreement from parents that they give up access to a minor patient's records. If they agree, I will provide them only with general information about the treatment, unless I feel there is a high risk that the minor patient is facing serious jeopardy or harm. In that case, I will notify parents of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving parents any information, I will discuss the matter with the minor patient, if possible, and do my best to handle any objections the minor patient may have to what I am prepared to discuss.

In general, the law protects the privacy of all communications between a patient and a psychologist. Thus, I can only release information about our work to others with your written permission. In order to release any information (i.e. to another medical professional or therapist), I will ask that you sign an *Authorization to Release Information* form.

Exceptions to your Confidentiality:

In accordance with the law, there are some situations in which it is legally necessary to break confidentiality and report information that is obtained through our work together. These include:

1. Any serious **threat of harm against yourself**, in which there is a reason to believe that you have the intention, plan, and ability to harm yourself.
2. Any serious **threat of harm against another person**, in which there is reason to believe that you have the intention, plan, and ability to harm another.
3. Any instances of **child, elder, or dependent adult abuse**.
4. Other circumstances, such as: grave disability, disclosure to insurance companies, worker's compensation claims, managed care and collection agencies, and your involvement in certain litigation processes in which records may be requested by the court. If records are requested, you will be notified, privilege will be claimed on your behalf, and only mandated information will be disclosed.

If I believe that a patient poses a serious risk of harm to someone, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

This information must be reported and does not require your permission. I am not required by law to inform you should reporting be necessary. However, my preference during these circumstances is to include you if possible. If I have to report any of the above situations, I will support you through these difficult times.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

Chance Encounters:

You may encounter someone you know in the waiting room, or perhaps we may cross paths out in the community. I will never acknowledge working with you therapeutically to anyone without your written permission. If I see you in a public place, I will acknowledge you only if you initiate the interaction, so as to maintain your confidentiality. Please respect the privacy of other clients you may recognize in the waiting room or outside the office by not sharing with others your knowledge of their therapy participation.

Mediation and Arbitration: All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of therapist and client(s). Both parties to this contract, by entering into it, are giving up their right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the psychologist and the psychologist's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including claims for loss of consortium, emotional distress, or punitive damages.

A demand for arbitration must be communicated in writing to all parties. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request.

Your signature below indicates that you have reviewed the information contained in this Consent for Treatment & Notice of Business Policies document, and that you agree to abide by its terms during our professional relationship.

I understand that no specific promises have been made to me about the results of treatment. I have read and discussed the points addressed in the Consent for Treatment and have had all of my questions fully answered. I hereby agree to enter into therapy with Ellen Connell, Psy.D., and to participate in the therapeutic process to the best of my ability, as shown by my signature below.

Signature: _____ Date: _____

Printed name: _____