



INFORMED CONSENT & THERAPY AGREEMENT

Welcome to Hawaii Anxiety and Trauma Care. This document contains important information about our professional services and business policies. Please read it carefully 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 you and your doctor.

PSYCHOLOGICAL SERVICES

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 your doctor 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 sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who 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.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your doctor will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your doctor. If you have questions about your doctor's procedures, they should be discussed whenever they arise. If your doubts persist, your doctor will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

Your doctor will normally conduct an evaluation that will last from 2 to 4 sessions. During this time, you can both decide if your doctor is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy begins, your doctor will usually schedule one standard session (54-60minutes) per week at a time that is agreed upon, although some sessions may be longer or more frequent.

MISSED APPOINTMENTS

You will be charged \$100 for missed appointments or appointments that are cancelled with less than 24-hours' notice. Fees for missed sessions cannot be billed to health insurance plans. **Please review the No Show & Cancellation Policy for complete details.**



PROFESSIONAL FEES

Unless there is another written agreement (such as with an insurance provider or government agency), Hawaii Anxiety and Trauma Care's hourly session fee ranges from \$120 to \$185 per hour. In unusual circumstances, you may become involved in litigation, which may require your doctor's participation. You will be expected to pay for the professional time required even if your doctor is compelled to testify by another party who does not pay.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless your doctor agrees otherwise or unless you have insurance coverage, which requires another arrangement. If you have insurance, your copay is due at the time of your session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the 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 we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

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, it will usually provide some coverage for mental health treatment. Your doctor will fill out forms and provide you with whatever assistance they can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of your doctor's fees. It is very important that you find out exactly what mental health services your insurance policy covers.

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. Of course your doctor will provide you with whatever information they can based on their experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, your doctor will be willing to call the company on your behalf.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end sessions. It is important to remember that you always have the right to pay for your doctor's services yourself to avoid the problems described above [unless prohibited by contract].

CONTACTING YOUR DOCTOR

Your doctor may not be immediately available by telephone. Usual business hours are weekdays between 8 AM and 5 PM. Due to the nature of their work, doctors will not answer the phone when with a patient. When unavailable, your doctor's telephone is answered by confidential voice mail that is monitored frequently. Your doctor will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your doctor of some times when you will be available. Your doctor cannot respond to emergencies on the phone. If you are unable to reach your doctor and feel that you can't wait for your doctor to return



your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call or go to the nearest emergency room. You may contact the 24-hour Crisis Hotline at (808) 832-3100. If your doctor will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of the profession require your doctor to keep treatment records. You are entitled to receive a copy of the records unless your doctor believes that seeing them would be emotionally damaging, in which case they will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted to untrained readers. We recommend that you review them in your doctor's presence so that the contents can be discussed. Your doctor may be willing to conduct a review meeting without charge. Patients will be charged an appropriate fee for any time spent in preparing information requests.

TERMINATION OF TREATMENT

Your participation in therapy is voluntary and you have the right to end therapy whenever you want. However, if you do decide to exercise this option, we encourage you to talk with your doctor about the reason for your decision in a counseling session together. We ask that you allow for two final sessions with your doctor in order to have an ending together, to review what we've done and to offer feedback to each other. Likewise, your doctor reserves the right to end the therapy work together and provide you with some appropriate referrals. This may be for reasons including, but not limited to: failure to participate in therapy, conflicts of interest, untimely payment of fees, or your doctor's belief that they may not be the best person for your needs (due to expertise). Any reason will be discussed prior to termination.

Your signature below indicates that you have read the Informed Consent & Therapy Agreement, have received a copy, and agree to abide by its terms during our professional relationship.

Printed Name of Client

Client Signature (or guardian if a minor)

Date

Psychologist (Witness)

Date

