

• W C B H •

THERAPY

Western Connecticut Behavioral Health, LLC

CONSENT FORM

Welcome to Western Connecticut Behavioral Health (WCBH). This Agreement contains important information about our professional services and business policies. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between you and WCBH. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Professional Fees:

At the time of your intake, your psychologist will discuss all fees with you. If you use insurance, the fee for service may be dictated by the provider agreement your psychologist has with your insurance company. We strongly suggest that you contact your insurance company prior to the first appointment to determine what services your insurance will cover. If you need assistance, we can help you. In addition, many insurance companies are moving towards a high deductible plan which makes you responsible for all payment at the negotiated rate until the deductible has been paid in full. Your insurance company can provide you with additional information about if your plan has a deductible.

Your psychologist or therapist may also charge you for other professional services you may need, and will let you know verbally or in writing what the fee will be before providing the service. Typical additional services may include report or letter writing, telephone conversations lasting longer than 10 minutes, school visits, 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. If you become involved in legal proceedings that require participation by your psychologist, you will be expected to pay for all of the therapist's professional time prior to the court date, including preparation and transportation costs, even if the therapist is called to testify by another party.

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. Please initial all lines below.

_____ If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will gladly bill your insurance company directly if we are a preferred provider. However, if your insurance company denies payment for any reason, you will be responsible for all fees.

_____ If we are not listed as a preferred provider and are therefore considered an out-of-network provider, we will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your

insurance company) are responsible for the full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

_____ For Aetna, Anthem, and Cigna insurance companies, we have the right to charge you a fee of \$100 for any missed appointments or appointments canceled within 24 hours.

You should carefully read the section in your insurance coverage booklet that describes outpatient mental health services. If you have questions about the coverage, call your plan administrator. Of course, our staff will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed health care plans like HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. In this case your therapist will discuss payment options with you for future sessions.

You should also be aware that your contract with your insurance company requires that we provide it with information relevant to the services that we provide to you, such as clinical diagnoses, dates of service, and progress. Sometimes we are required to provide additional clinical information such as treatment plans or summaries or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical databank.

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 your sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

Please sign this section giving us consent to release the information requested by your insurance company, including information to obtain treatment using your insurance benefits as well as release information as part of an insurance audit.

Signature

Date

Contacting Your Psychologist:

Due to work schedules, your therapist may not be immediately available by telephone. Every effort will be made 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 leave the best times when you will be available. In emergencies, please contact your family physician, call 211 or 911, or go to the

nearest emergency room. You should also leave a message on our voice mail, and we will do our best to return your call as soon as possible. The voice mail company sends messages to our email inbox at a regular interval. However, the email account is not monitored overnight and therefore we recommend that you should not wait for us to return your phone call before proceeding to the emergency room or in calling 211, which is a 24 hour mental health hotline. As a private practice, we are unable to provide emergency crisis intervention. If your therapist will be unavailable for an extended period of time, they will provide you with the name of a colleague for you to contact, if necessary.

Limits on Confidentiality:

The law protects the privacy of all communications between a client and psychologist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provide consent for those activities as follows: Your therapist may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-patient privilege law. We cannot provide any information without your written authorization or court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement. There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If a client files a complaint or lawsuit against the psychologist, the psychologist may disclose relevant information regarding that patient in order to defend themselves.
- If we are being compensated for providing treatment to you as result of your having filed worker's compensation claim, we must, upon appropriate request, provide information necessary for utilization review purposes.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect people from harm and we may have to reveal some information about a client's treatment. These situations are very rare.

- If a client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If a patient communicates a threat of physical violence against a reasonably identifiable third person and the client has the apparent intent and ability to carry out that threat in the foreseeable future, we may have to disclose information in order to take protective action. These actions may include notifying the potential victim (or, if the victim is a minor, his/her parents and the county of Social Services), and contacting the police, and/or seeking hospitalization for the client.
- If we have reasonable cause to suspect child abuse or neglect, the law requires that we file a report with the Department of Children and Family Services (DCF).

- If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

Professional Training Experience:

We are a training site for students from local doctoral programs as well as students pursuing post-doctoral hours towards gaining their professional licensure. These students are under the immediate supervision of licensed psychologists at WCBH. At times, students may be performing the psychological treatment with you and/or your child under the immediate supervision of the licensed psychologist responsible for your treatment. The students have undergone extensive training about therapy and engage in intensive individual and group supervision about your specific treatment needs and goals. All notes are co-signed by the licensed psychologist who is providing the student with supervision. We appreciate you allowing our students to have the necessary experiences for their professional development.

Professional Records:

The laws and standards of our profession require that we keep Protected Health Information about you in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which the problem impacts your (or your child's) life, your diagnosis, the goals we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your Clinical Record, if you request it in writing (except in unusual circumstances where disclosure could and would physically endanger you and/or others; or makes reference to another person (unless such person is a healthcare provider) and your therapist believes that such access is reasonably likely to cause substantial harm to other person or where information has been supplied confidentially by others). Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your therapist's presence, or have them forwarded to another mental health professional so you can discuss the contents. If your request for access to your Clinical Records is denied, you have a right of review (except for information confidentially supplied by others), which we can discuss with you upon request.) Clients will be charged an appropriate fee for any time spent in preparing information requests. In addition, the state of Connecticut allows us to bill for any photocopies requested.

Treatment of Minors:

We frequently conduct individual therapy, family therapy, and/or group therapy with minors. We require that a parent and/or guardian be present for the initial interview. We require that an adult be present during all appointments. We do not believe that therapy with a child can be conducted without the participation of a parent and/or guardian. Our therapists may ask parents and/or guardians to participate in at different points of the appointment as indicated by the treatment and the child's functioning. Therefore, we ask that the adult remain within the waiting room at all times in case of emergency.

In the case of parental divorce or separation, we ask that whenever possible, any parents that retain custody engage in an individual intake with the psychologist or therapist and complete all necessary consent forms and releases. We may ask you to provide documentation pertaining to the divorce decree and/or parenting plan. The psychologist or therapist will be able to discuss with you how to engage with both parents as part of treatment.

Consent to Treatment:

I acknowledge that I have received, read, and understand the information presented in this document. I certify, with my signature below, that I agree to comply with all of the policies and procedures outlined in these documents.

Client Name	Signature	Date
-------------	-----------	------

Parent/ Guardian	Signature	Date
------------------	-----------	------

Psychologist Name	Signature	Date
-------------------	-----------	------