

HUMANISTIC RESOURCES, P.C.
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CLINICAL PSYCHOLOGIST

CONSENT FOR TREATMENT & PATIENT AGREEMENT

Welcome to my practice. Your therapy is an important joint venture in which you and I (and/or your child/family) will work together to understand the problems that you are having and to explore your options and obstacles in resolving those problems. This document contains information about my professional services and business policies. Should you have any questions about these at any time, I will be happy to answer them.

PSYCHOLOGICAL SERVICES

Psychotherapy is easily described in general statements. It varies depending on many factors, including the personalities of the patient and psychologist, your early experiences, your life stage, and your goals. There are several different approaches that can be used. Psychotherapy requires an active effort on your part and a working relationship with me in which together we identify the issues you would like to resolve.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings and changes in your behaviors/thoughts. This is a normal part of the therapy process. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful. It often leads to a significant reduction of feelings of distress, better relationships, and resolution of specific problems.

Our first few sessions will involve an evaluation of your needs (or your child's needs). I will assess if I can be of benefit to you (or your child/teen). I do not accept patients who, in my opinion, I cannot help. In such a case, I will provide you a number of referrals that you can contact. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, a diagnosis, and a treatment plan if we agree that treatment will continue. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them when they arise.

- As you make progress, we should reevaluate your treatment. Usually, we will come to a mutual understanding about whether further treatment is important or whether you have reached your goals and no longer need treatment. You do, however, have the right to stop treatment at any time and I will provide you with referrals to other qualified professionals whose services you might prefer. Also, if at any point during psychotherapy I assess that I am not effective in helping/treating you. I am obligated to discuss it with you and if appropriate, to

terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. The process of termination is generally one of the most important times in therapy. This is generally guided by the extent to which we agree that your goals have been met. This could occur after a few weeks and as long as several months. Generally speaking, I do not see individuals for treatment for longer than several months unless special circumstances indicate that this is necessary.

MY EDUCATION AND CREDENTIALS

I am a licensed Clinical Psychologist in the State of Michigan. I have a doctorate in Clinical Psychology and have been in private practice since 1980. For further information about my practice please visit my website at www.humanisticresources.com. If you have questions about the specifics of my training, experience, and/or license please ask for clarification at any time.

CONFIDENTIALITY

With certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission. The following are legal exceptions to your right to confidentiality. Should one of these situations occur, I will make every effort to discuss it with you fully before taking any action.

- If I reasonably suspect that a person under 18 or over 65, or a disabled person, is being abused or has been abused, I must file a report with the appropriate agency.
- If a patient threatens to harm him/herself, I may be obliged to seek hospitalization for the patient, or to contact family members or others who can help provide protection.
- If a patient communicates a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. I may also seek hospitalization of the patient, or contact others who can assist in protecting the victim.
- I may find it helpful to consult with professional colleagues about my work from time to time. In these consultations I will always avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- If you are involved in a court proceeding and a request is made for information about the services that I have provided, your records are protected by psychologist-patient law. I cannot provide any information without your written permission, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where I do not have grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, disclose information relevant to the claimant's condition, to the worker's compensation insurer.

MINORS AND PARENTS

Unemancipated patients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records unless I determine that access would have a detrimental effect on my professional relationship with the patient, or to his/her physical safety or psychological well-being. Because privacy in psychotherapy is often crucial to successful progress, particularly with adolescents, and parental involvement is also essential, it is usually my policy to request an agreement with minors and their parents about access to information.

PROFESSIONAL RECORDS

Except in unusual circumstances in which disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider), you may examine and/or receive a copy of your clinical record, if you request it in writing. You will also be charged a fee for any preparation time which is required to comply with an information request.

APPOINTMENTS

Psychotherapy appointments are usually scheduled once a week for 50 minutes per visit, although sometimes visits can be more frequent. An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask for your understanding, and I assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time. I will provide one month's notice of my planned absences, usually about a total of 3 weeks per year. For short absences and therapist illness, I will attempt to reschedule your appointment as soon as possible.

CANCELLATION POLICY

Because the scheduling of an appointment involves the reservation of time set aside specifically for you, a minimum of 24 hour notice is required for rescheduling or canceling an appointment. The full session fee will be charged for sessions missed without such notification. The phone number for leaving a cancellation message is (248) 760-2571.

PROFESSIONAL FEES AND INSURANCE

My fee per 50 minute psychotherapy or consultation visit is \$160.00. If I am an in-network provider and participant in your insurance program, I am bound by contract to accept the insurance company's fee structure. For example if your insurance company acknowledges a fee for psychotherapy of \$90.00 with a co-payment of 10% or \$9.00, you would be required to make the co-payment of \$9.00 at the time of each visit unless

other arrangements are mutually agreed upon. In cases where a person has no insurance, it is possible that a reduced fee for service can be negotiated. Payments can be made by cash, check, VISA, or MASTERCARD.

If you become involved in legal proceedings that require my participation, you will be charged for all of my professional time, including preparation and travel time, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation, travel to and from, and attendance at any legal proceeding. In cases of separated or divorced parents, one parent must assume full financial responsibility for all services. Payment must be received by me prior to any involvement in any legal proceeding based on a reasonable estimate of time necessary to carry out my responsibilities.

If I file a claim with your insurance company, disclosure of confidential information may be necessary to process the claim and for me to receive payment. In almost all cases, this involves releasing the patient's name, birth date, address, dates of service, and diagnosis. If more is required, I will discuss such a situation with you before revealing any further information. If you are placed on a medical leave of absence, it is not uncommon for the disability company to require all case notes. By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purposes of treatment and payment.

CONTACTING ME & CRISIS NUMBERS:

I am sometimes not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail, which I check a few times per day. If you have an emergency, please go to the nearest hospital or call the emergency dispatcher at 911.

Please sign below if you give permission for Dr. Ron Rice to initiate/send/place the following to you: emails/mail/telephone calls-messages:

Print Name: _____ Signature _____ Date _____
Print your e-mail clearly: _____

Please sign below to acknowledge your informed consent to this agreement.

I have read the above information, received a copy of this form, and have had an opportunity to ask questions which clarify the conditions under which I consent to treatment. I give permission to **Ron Rice, PHD, Clinical Psychologist** to provide psychotherapy, evaluation, consultation and/or testing for myself or my child/family.

Name of patient (Print) _____

Signature of patient: _____ **Date:** _____

Name of parent or guardian: (Print) _____

Signature of parent or guardian: _____ **Date:** _____

