

## INFORMED CONSENT: POLICIES & PROCEDURES FOR TREATMENT

This document explains the policies and procedures for treatment with Ellyn L Turer, PsyD, PLLC. Please review this entire document as it contains information that is very important for you to know.

### PROCESS & TYPES OF TREATMENT

Individual Psychotherapy: Dr. Turer and the client will work as a team. *If the client is a minor*, Dr. Turer will also work with the parent or guardian. Sessions may be conducted with the client, with the client's parent or guardian, or with the client in conjunction with the parent or guardian. *If the client is 18 years of age or older*, parents may only be involved in the treatment process with the written consent of the client. The written consent requirement also applies to the client's spouse, relatives, significant other, or life partner. The treatment process begins with an initial interview with the client and/or the parent or guardian if applicable. This initial discussion will include developing a treatment plan, treatment goals, and an estimated length of treatment. Subsequently, the treatment plan will be reviewed and discussed with the client to determine whether goals are being met and if treatment is beneficial to the client.

Consultation: At times it is beneficial for Dr. Turer to consult with other individuals, providers, agencies, or schools on behalf of a client. If desired, the client or parent/guardian can request a written summary of the consultation. If a consultation is requested for an individual who is not an established client, an initial interview will be conducted to determine what specific services are needed. In the event of consultation, Dr. Turer is legally and ethically bound to safeguard the confidentiality of all client information. There is no guarantee that the individuals or agencies with whom Dr. Turer consults, as directed by the client, will maintain confidentiality with regard to the client's information.

### TREATMENT BENEFITS & RISKS

The benefits of treatment include, but are not limited to, a greater understanding of how various challenges arose, understanding how to address those issues, the reduction of negative feelings and maladaptive behaviors, increased feelings of self-worth, and more positive relationships with others. Although Dr. Turer has the training and experience to diagnose and treat most psychological issues using evidence-based modalities, there is no guarantee that treatment will be effective for every client. In some cases, Dr. Turer's professional judgment may dictate that a referral to another professional may be the most appropriate course of action.

APPOINTMENTS & SCHEDULING

If you cannot keep an appointment, please notify Dr. Turer at least **48** hours in advance so that she can schedule another client for the time that has been reserved for you. Unless she is able to reschedule with shorter notice, you will be charged for appointments missed without notice, or canceled with less than **48**-hour notice, at the rate of \$250.00 (individual therapy) or \$275.00 (couples therapy).

CONFIDENTIALTY & LIMITS OF CONFIDENTIALTY

Legal and ethical considerations prevent behavioral health clinicians from divulging information about clients without prior written consent. However, please be aware that there are certain circumstances in which Dr. Turer will be required to break confidentiality in order to protect you, your child, or others. The circumstances for this exception are:

- If a client threatens grave bodily harm or death to another person, Dr. Turer is required to inform the appropriate authorities and the intended victim.
- When a client expresses a serious intent to harm himself/herself, Dr. Turer is required to notify family members and/or persons authorized to respond to such emergencies in order to protect the client from self-harm.
- If there is an apparent reason to suspect that a child or incapacitated adult is the victim of physical or sexual abuse, or a victim of neglect, Dr. Turer is required to report the information to the appropriate authority.
- When a court of law issues a legal order signed by a judge, Dr. Turer is required to provide the requested information within certain guidelines.
- If your insurance company or other third party payer requests information including, but not limited to, diagnoses, reports, recommendations, and/or chart notes, Dr. Turer will provide said information.
- If you fail to meet the financial obligations outlined in this document, Dr. Turer reserves the right to pursue collections through a contracted entity. This course of action will require disclosure of your personal information such as name, address, telephone number, email address, social security number, date of birth, dates and location of service, clinician’s name, the amount of the outstanding balance, and information about the guarantor of your account including name, address, telephone number, email address, date of birth, and social security number.

If any of the above situations arise and confidentiality must be broken, Dr. Turer will discuss this with you in advance when possible, unless there is a reason to not do so. Additionally, only situation-specific information will be released.

BUSINESS POLICIES

Dr. Turer’s experience has been that counseling and psychotherapy are most effective when expectations regarding fees, billing, insurance, reimbursement, and cancelation policies are understood by all parties in advance. Please review the information below, and feel free to ask for further clarification.

GENERAL FEES

For individual, couples, and family therapy. Most sessions are 45 minutes in length. Longer or shorter sessions may be recommended in certain circumstances:

Intake individual session.....	\$300.00
45 minute session.....	\$250.00
Intake Family or couples session.....	\$300.00
45 minute session.....	\$275.00

Other fees may be charged for specific services, such as hospital visits, consultation with attorneys or other professionals, structured group programs focusing on a particular topic or problem, detailed psychological evaluations completed at the request of a physician or attorney, etc. Dr. Turer would be happy to discuss the fees for these services with you at any time.

In some situations, clients may be asked to complete psychological testing instruments. Fees for other tests will be communicated in advance and vary according to the nature of the test.

## INSURANCE

Health plans vary widely in their mental health benefits, and most plans have both yearly and lifetime benefit limits. Further, many “managed care” plans periodically review your symptoms or progress in therapy and may markedly restrict the number of sessions authorized for insurance payment. It is your responsibility to familiarize yourself with the authorization procedures, reimbursement rate, limitations, and specific provisions of your health policy, although we will be happy to help when we can if there are questions. Keep in mind that even if you have insurance, you are the one who is ultimately responsible for payment of your bill. This is true even if the insurance company withdraws authorization for services after the services have been performed. Verification of insurance benefits is not a guarantee of coverage or payment on the part of the insurance company. Dr. Turer cannot take responsibility for negotiating settlements of any disputes with your insurance company. If your insurance coverage changes, it is your responsibility to notify Dr. Turer prior to your next appointment.

Dr. Turer is NOT an in-network provider with your insurance company & you will be asked to pay for all services in full at the time services are rendered.

## PAYMENT

Payment is due at the time services are rendered. If this is not possible, discuss the situation with us to see if alternative arrangements can be made. Services may be discontinued if fees remain unpaid for an extended period of time. Dr. Turer reserves the right to retain a collection agency or attorney to collect unpaid fees after termination of therapy if the former client fails to make a reasonable effort to pay off any outstanding balance. Forms of payment accepted: cash or check. A fee of \$30 will be assessed to you for a returned check.

## ADDITIONAL SERVICES

There is a \$25 fee for completion of short forms and letters, such as letters to insurance companies for the justification of diagnosis, evaluation, treatment, or information for IEP planning. Lengthy letters or forms will be billed at \$150 per hour. Payment must be received before the letters or forms will be distributed. In most, cases, Dr. Turer will not be able to complete forms or write letters the same day as requested; in some instances, there may be a 7 day turnaround period for the completion of the forms or letters. However, she will make every effort to be as prompt as possible in fulfilling your request. There is no charge for business calls, i.e. making/rescheduling appointments, questions about account balances, insurance etc. Other calls will be timed and the billing pro-rated based on a fee of \$150 per hour. This fee must be paid at the next appointment. Dr. Turer does not perform court related services. In the event that court services are required, fees are charged for travel time, record review, and telephone calls, in addition to time away from the office related to court proceedings. The hourly rate for court related services is \$250 with a minimum charge of 4 hours for time required out of the office. Insurance does not cover court related services, so payment is required in advance.

MEANS OF COMMUNICATION

Please understand that Dr. Turer will not interrupt sessions with clients to address telephone calls, so you may reach her voicemail when calling the office. Dr. Turer discourages telephone calls to discuss therapy related issues, but if something determined to be urgent arises, you will be responsible for professional time on telephone calls. If you have an issue that will require more than 15 minutes, an appointment must be scheduled. Dr. Turer is not available for emergencies after office hours.

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

It is very important that you have read (or had read to you) and reviewed this form carefully to understand all of the office procedures and policies regarding treatment with Dr. Turer.

Your signature below indicates that:

- You have had sufficient opportunity to read and understand this document.
- You have asked Dr. Turer to clarify anything that you did not understand.
- You understand that this document applies only to the policies and procedures for treatment with Dr. Turer.
- You give Dr. Turer your consent to provide treatment to you or your child.

Printed Name of Client: \_\_\_\_\_ Client Date of Birth: \_\_\_\_\_

Responsible Party if Client is a minor: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature of Adult Client or Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

My signature below indicates that I have answered any questions posed by the client/parent/guardian. I believe that this person understands all of the issues discussed in this document, and I find no reason to believe that this person is not fully competent to give informed consent to treatment.

\_\_\_\_\_  
Ellyn L Turer, Harris PsyD, PLLC

Date: \_\_\_\_\_