

CONSENT FOR TREATMENT AND OFFICE POLICY

Patient Name: _____

CONSENT FOR PSYCHOLOGICAL SERVICES

Psychologists provide services relating to mental health and mental and emotional disorders, including evaluation, assessment, diagnosis, psychotherapy, and testing. All services involve finding out about the patient's thoughts, feelings, and behaviors in an effort to help the patient resolve problems or concerns.

Evaluations help identify the nature of psychological or emotional problems or concerns and may be ongoing, co-occurring with therapy. Psychotherapy is used to help the patient identify and work through past or present situations that cause concern. Many different techniques can be utilized to help the patient reach goals, including dialogue, interpretation, cognitive reframing and restructuring, journaling, self-exploration, behavioral modification and catharsis.

Risks of psychological services may include experiencing uncomfortable feelings like guilt, anxiety, sadness, anger and frustration. It may mean talking about painful events from your life. Potential benefits of psychological services include improved self-satisfaction, mood, day-to-day functioning and relationships; increased autonomy; empowerment; decreased stress and distress; and resolution of specific problems.

As part of treatment, the patient may be referred for other related services. For example, medication prescribed by a psychiatrist or primary care physician, a support group, or inpatient care may be suggested.

All findings and recommendations made as a result of an evaluation will be based on the evaluation alone. The outcome of an evaluation cannot be determined in advance and is not guaranteed. In no case will the psychologist agree to render specific findings or make specific recommendations as a condition of the patient's participation or for any other reason. The results of psychological treatment cannot be guaranteed either but the likelihood of a positive outcome is greatly enhanced by the patient's active participation.

All services provided by Karen Robie, Ph.D. are voluntary. The patient may end treatment at any time. However, planned transitions (such as discontinuing therapy) are generally thought to be in the patient's best interest. The patient has the right to refuse any suggestion made by the psychologist at any time without being penalized in any way.

☒ Initial to verify you understand & agree to the above: _____

OFFICE POLICY

I. Confidentiality: Information revealed by a patient to a psychologist in the course of a professional relationship is confidential and privileged. The privilege is intended to protect the interests of the patient by encouraging free disclosure to the psychologist and by preventing disclosure (by the psychologist) to others. The patient, rather than the psychologist, holds and may assert the privilege. Psychologists have a primary responsibility to protect the patient's right to confidentiality in accordance with law and professional standards of practice.

With few exceptions, confidential information may be disclosed only with informed written consent of the patient, or another person legally authorized to give consent on behalf of the patient. Confidential information may be disclosed without written consent: 1) to protect against clear, substantial risk of imminent serious harm being inflicted by the patient on him or herself or another person; 2) to comply with a court order; 3) to comply with regulatory mandates to report actual or suspected abuse/neglect of a child/vulnerable adult; and 4) to get medical care in a medical emergency during psychologist's care.

Any disclosure of confidential information to respond to a specific situation shall be made only to appropriate authorities, a potential victim, professional/healthcare workers, and/or patient's family.

II. Fees, Billing and Payments: Standard service charges are: evaluation: \$200; 38–52 min therapy: \$150, ≥ 53 min therapy: \$165; family/marital therapy per session: \$180; testing, per hour: \$200; and \$165 per hour for other services such as filling out disability forms, record review, report

writing, and consultation. Telephone calls and other communication between appointments (other than for scheduling) are charged at \$165 per hour and cannot be billed to insurance. Extended evaluations, extended therapy and crisis sessions are subject to additional charge. Copies of records are charged in accordance with Ohio law.

The patient/responsible party is responsible for deductibles and co-payments, and ALL charges not covered by insurance or EAP, unless prohibited. The co-pay is due at the time of service. Any balance unpaid after 45 days is subject to \$10 per month rebilling charge. If financial problems make it difficult to keep current with a bill, please discuss them to work out alternative arrangements for payment. If you do not pay your bill, services may be put on hold so you can catch up.

Collections and/or legal action will be used if an account is more than 60 days in arrears unless suitable arrangements for payment are made and honored. If such action is necessary, the costs of collection by the agency/attorney, filing the claim, or bringing the proceeding will be added to the balance due. Collection charges may equal 50% of the unpaid balance or more.

If you use insurance to cover the costs of psychological services that means you give permission for the insurance company, or their designee, to access clinical information about you. Insurance is billed monthly. Statements are mailed monthly and include all outstanding charges, including those billed to but not yet paid by insurance. Please inform us immediately of any change in insurance coverage or eligibility. You must provide all documentation necessary to insure payment by insurance and if you do not, you will be responsible for all charges.

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III. Cancellations, Missed Appointments & Communications: When you schedule an appointment, time is specifically reserved for you. Twenty-four hours notice is required for all appointment cancellations. Our phone is answered 24/7. You may leave a voice mail 24/7. All messages are date and time stamped to keep track of cancellations.

You (not the insurance company) will be charged \$85 for missed or skipped appointments and for appointments cancelled with less than 24 hours notice. Under rare circumstances, such as extreme weather conditions or an emergency hospitalization, the no show/late cancellation fee may be waived at Dr. Robie's discretion – this is rare!

If you need to reschedule an appointment, you may do so by telephone (419-537-0900) or email (psych@robiepsych.com).

Email may be used for routine matters like scheduling or billing. You can expect that we will read and respond to them within a day or two during business hours Monday - Thursday. Emergencies cannot be handled by email.

Emails to Dr. Robie may be forwarded to office staff for reply. Emails to our billing office are handled by office staff. We do not guarantee that email is confidential but we treat it as such. Any email may become part of your record. Do not send email if you do not want an email reply. We do not communicate by text.

Please ask and resolve any questions you may have about the consent for treatment and the office policy before you sign. Your signature below signifies that you 1) consent to psychological treatment and 2) understand and agree to the office policies as outlined above. At intake, it serves acknowledgement that you received the "Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information."

Patient's Signature

Today's Date

Guardian/Authorized Representative's Signature

Today's Date

CONSENT FOR TELEPSYCHOLOGY

Patient Name: _____

Psychological services are traditionally face-to-face and in-person sessions are preferable whenever possible. Telepsychology is available during the COVID-19 National Emergency to promote provision of services and continuity of care for individuals who need care and are unable to receive it at our physical location.

Telepsychology (aka teletherapy or telemental health) is the provision of behavioral and/or mental health care services using technological modalities instead of in-person (e.g., provision of therapy and diagnostic interviewing via videoteleconferencing).

Telepsychology is required for individuals receiving services who have symptoms of/exposure to/diagnosis of COVID-19 and is available to others so that services may continue when access is limited. It is available only to individuals physically located in Ohio or Michigan at the time of the session; exceptions must be discussed in advance.

To participate in telepsychology, you will need:

1. a reliable web connection on a computer or mobile device (smart phone).
2. a camera, speaker, and microphone (often integrated in your device).
3. a private setting with a secure internet connection (and not public or free wi-fi).
4. the ability to utilize our HIPAA compliant telepsychology platform, <https://doxy.me/robie>.

To receive telepsychology services, you agree:

1. to assure privacy for yourself during the session.
2. to inform us of your location, a way to reach you if the connection is lost, a safety plan including an emergency contact person and the ER closest to you, and any other persons in the room with you during a session.
3. to cooperate with emergency services and that you will come to the office for an in-person session if Dr. Robie deems it necessary.
4. that you will not record any session or part of any session.
5. that telepsychology must be deemed an appropriate modality of treatment by Dr. Robie for you and that is neither guaranteed nor implied by this consent.
6. that telepsychology involves the same commitment & responsibilities as in-person therapy and that you will be charged for missed telepsychology appointments in accordance with office policy.
7. that in the event of a technological failure, any session in process will be completed by phone alone.

Limitations of telepsychology: There may be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. There is a risk of misunderstanding one another when communication lacks visual or auditory cues. There may be interruptions not typical in a therapy office. Therapy may “feel different” than in-person treatment. Confidentiality can be breached if others are present or listen in.

Laws that protect the confidentiality of medical and mental health information also apply to telepsychology. Information disclosed during therapy is confidential with exceptions as outlined in Dr. Robie’s Consent for Treatment and Office Policy form. Dr. Robie will provide all services in a private setting and will not record any telepsychology video or audio and none is stored.

Fees are as noted in Dr. Robie’s Consent for Treatment and Office Policy form. Many insurances cover telepsychology but not all do. We will attempt to verify coverage in advance but cannot represent an insurance company. **For certainty about coverage you should call your insurance to verify coverage for telemental health services by a psychologist for CPT codes 90837 and 90847.** We will bill insurance as usual.

Payment due will be completed with IvyPay, an app we will send to your smart phone.

This document supplements Dr. Robie’s Consent for Treatment and Office Policy form and is not intended to replace any information therein. Your signature below indicates your consent to telepsychology services. Consent may be withdrawn at any time.

Patient’s Signature

Today’s Date