

INFORMED CONSENT, OFFICE POLICIES, & GENERAL INFORMATION AGREEMENT FOR PSYCHOLOGICAL SERVICES

Dr. Messina & Associates, Inc.

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This form provides you (Patient) with information that is additional to that detailed in the HIPPA Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis. "Patient", herein this document refers to the identified patient(s) and/or the identified patient's parent(s) or legal guardian(s).

Procedures: This practice utilizes Cognitive Behavioral Therapy (CBT) as a method of psychotherapy, but may also draw on others, such as psychoeducation, behavioral therapy, family therapy, or supportive psychotherapy. Psychotherapy is beneficial for a wide variety of psychological problems. There are risks, however, as psychotherapy may bring up memories or topics that are uncomfortable, and may lead to decisions you make that can have unintended consequences. Psychotherapy often results in improved relationships, solutions to problems, and alleviation of psychological symptoms, however, there is no guarantee what you will experience. Therapy is typically weekly and typically lasts 45 to 60 minutes per session. A course of CBT treatment usually lasts between three to five months, but may be shorter or longer depending on the situation. Within the first couple of sessions, your therapist should be able to discuss with you a treatment plan and estimation of the duration of therapy.

I authorize and request that Dr. Messina & Associates, Inc. carry out psychological services (e.g., evaluations, psychotherapy, consultations, and/or diagnostic procedures) which now, or during the course of my care as a Patient for myself or my child, are advisable. I understand that the purpose of these procedures will be explained to me and are subject to my agreement. All therapists at Dr. Messina & Associates, Inc. are independently licensed in the State of Texas.

Goals for service: Goals for service include improvement of psychological, behavioral, or emotional symptoms, problems, or concerns. Specific goals for your situation will be discussed and reviewed during the course of your treatment.

Alternative treatment options: Your therapist will collaborate with your doctors, or others providing your care, with your permission. Your therapist may refer you to a variety of resources, such as psychiatry, dietician, other medical professionals. Additionally, there are other providers of psychotherapy in the area and your therapist will provide you with referrals upon request or as needed. Your therapist does not provide custody evaluation recommendations, medication prescriptions, medication recommendations, or legal advice.

Confidentiality: The law protects the privacy of all communications between you and your therapist. In most situations, your therapist can only release information about your treatment to others if you sign a written consent. Other situations may require disclosure of confidential information without your consent, though these situations are unusual in our practice. For example, to law enforcement or hospitals if your therapist is concerned you may harm yourself or others, to courts or attorneys in court/judge-ordered court proceedings or legal disputes, to regulatory agencies when there is suspected child abuse or neglect, to credit card or merchant services companies when there is a charge dispute, to collection agencies when there are unpaid dues, and to worker's compensation agencies for worker's compensation claims. Dr. Messina & Associates, Inc. utilizes administrative staff for billing and chart administration (e.g., filing). In couple, family, or group therapy, or when different members are seen individually, even over a period of time, confidentiality is not guaranteed.

Communication: You may contact our office at (817) 818-6445 during normal business hours. Your therapist may provide you with an alternate number to reach him/her. Phone, email, text communication, scheduling software, and credit card processing carries a certain amount of risk (e.g., information can be intercepted by unintended persons), though this information is either secured with password protection, double locking, or encryption. Voicemails and

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messages during weekdays will be returned within 24 hours, and on the next business day when left over the weekend. Do not use text messaging or voicemail for emergency situations. For emergency situations, call 911 or go to your local emergency department.

Please list your communication preferences here:

Type of Communication	Phone Number or E-mail Address	Call (yes or no)	Leave Message (yes or no)	Send E-mail/Text (yes or no)
Home phone				N/A
Cell phone				
E-mail		N/A	N/A	

Professional fees: All fees are due at the time of service. Psychologist fees are \$250 per session; Licensed Professional Counselor (LCP) fees are \$175 per session. Rates for alternative services (e.g., home visits, assessments, reports, school observations, phone calls, record preparation and delivery, litigation, testimony, drive time, etc.) are billed by hour, the same as the above rate. This practice does not bill health insurance companies or submit health insurance claims. Professional fees are charged to the Patient, and not to insurance companies. Your therapist will provide you with a receipt, upon your request, which you can submit to insurance companies to request reimbursement. There is no guarantee that your insurance company will provide a reimbursement of fees. No refunds are provided for services rendered. Our practice accepts cash, checks, and credit cards (Visa, MasterCard, American Express, and Discover). A minimum notice of 48 hours is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification.

Records: A Patient’s record is documentation of the delivery, progress, or results of psychological services, such as data identifying a recipient, dates, and types of services, informed consents, fees, assessments, treatment plans, consultations, session notes, reports, release forms, test data, and records obtained from other sources. Patient records may be released to the Patient or designated party upon the Patient’s written request or in circumstances such as noted above. Patients are responsible for the cost of photo copies at \$0.25 per copy, plus any mailing fees. Psychotherapy notes means notes recorded by your therapist in documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes are not released to the Patient. Test materials are not part of the Patient’s record and may not be released. Access to any portion of a record may be denied if your therapist determines that release of that portion would be harmful to the Patient's physical, mental, or emotional health, and this will be communicated with you in writing. In this case, that portion of the record may be examined by another professional under certain conditions. Records and test data are maintained for a minimum of seven years after termination of services, or three years after a Patient turns 18, whichever is greater.

I have read, understand, and agree to this Informed Consent, Office Policies, & General Information Agreement for Psychological Services.

Patient Name (Print)

Signature (unless minor)

Date

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Name (Print)

Signature

Date

Signature

Date