

INFORMED CONSENT

Dr. Messina & Associates, Inc.

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“Patient”, “You”, “I” and derivatives herein this document refers to the identified patient(s) and/or the identified patient’s parent(s) or legal guardian(s).

Procedures: Dr. Messina & Associates, Inc. provides psychological and psychiatric services, such as evaluation, psychotherapy, and medication management.

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. This practice evaluates, prescribes, and manages psychiatric medication to alleviate mood symptoms, such as anxiety and depression. Psychotherapy and pharmaceutical medications are beneficial for a wide variety of psychological/psychiatric 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. There are side effects to medication. As a result of services, people often experience 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, and medication check-ups are typically monthly though the frequency of meetings will depend on a variety of factors. This will be discussed with you and reviewed as part of your treatment plan. A course of CBT treatment usually lasts between three to five months, but may be shorter or longer depending on the situation. A course of medication will depend on a variety of factors, some short-term, long-term, or as needed. Within the first couple of sessions, your treating provider should be able to discuss with you a treatment plan and estimation of the duration of therapy or medications.

I authorize and request that Dr. Messina & Associates, Inc. carry out psychological and/or psychiatric services, such as evaluations, psychotherapy, consultations, diagnostic procedures, and/or medication management, 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. I acknowledge that in-person visits with my provider contains some risk for contracting transmittable diseases, such as COVID-19, and that virtual meeting options are available. All providers 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 provider will collaborate with your doctors, or others providing your care, with your permission. Your provider may refer you to other resources, such as a dietician or other medical professionals. Additionally, there are other providers of psychotherapy and psychiatry in the area and your treating provider will provide you with referrals upon request or as needed. Dr. Messina and Associates, Inc. does not provide custody evaluation recommendations or legal advice.

Confidentiality: The law protects the privacy of all communications between you and your treating provider. In most situations, your provider 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 provider 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

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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 provider 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 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, voicemail, or email for emergency situations. For emergency situations, call 911 or go to your local emergency department.

Professional fees: All fees are due and payable at the time services are rendered. Psychiatrist fees are \$300 for initial sessions and \$150 for follow-up sessions; 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. The average length of each session was stated above, however, I understand that the full rate is charged regardless of the length of each session. 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 provider 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. 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. All fees are the responsibility of the Patient. If paying with credit card, I authorize charges to be made on the credit card provided for the full established rate for each appointment, and each missed appointment not cancelled at least 48 hours in advance.

Records: A Patient's record is documentation of the delivery, progress, or results of psychological or psychiatric 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. 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 treating provider determines that release of that portion would endanger the life or physical safety of the Patient, and/or 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.

Patient Name (Print)

Signature (unless minor)

Date

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Name (Print)

Signature

Date

Signature

Date