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Informed Consent for Treatment

INTRODUCTION

Welcome to my practice. This document contains important information about my professional services and policies. When you sign this document, it will represent an agreement between us.

ABOUT ME

I am a licensed psychologist in the State of Pennsylvania (License Number: PS017255). I earned my doctorate in Clinical Psychology from Boston University in 2012. I specialize in individual, group, and couples therapy for adults, and psychological testing and assessment of adults. As a doctoral student, I completed clinical rotations at the Center for Anxiety and Related Disorders at Boston University, including the Eating Disorders Program; the Psychological Services Center at Boston University; the Danielsen Institute at Boston University; the General Mental Health and Mood Disorders Clinics at the VA-Boston Medical Center in Jamaica Plain; and MIT Mental Health. My training also included extensive academic coursework and research training. From 2010 – 2012, I completed my pre-doctoral internship and post-doctoral fellowship at Counseling and Psychological Services at the University of Pennsylvania. If you have any questions about my clinical or academic training or qualifications, please do not hesitate to ask me.

PSYCHOTHERAPY

The process of psychotherapy varies depending on the personalities of the therapist and client, and the particular problems you bring forward. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. There are many different methods I may use to deal with the problems that you hope to address. The primary approaches to therapy that I use are psychodynamic therapy and cognitive-behavioral therapy.

Psychodynamic therapy focuses on exploration of feelings, wishes, fears, and beliefs about yourself and other people that you may not be consciously aware of before starting therapy. These unconscious processes develop early in childhood through your interactions with important people in your life, and may conflict with each other or with family, cultural, or societal values, leading to unhappiness or unhealthy behaviors.

Cognitive-behavioral therapy focuses on the thoughts (including beliefs, attitudes, assumptions, attributions, interpretations, etc.) and behaviors (including sleep habits,

eating habits, substance use, procrastination, communication style, etc.) that may contribute to your emotional difficulties or symptoms.

In addition to these therapy approaches, I pay careful attention to cultural context. Social identities such as gender, age, race, ethnicity, culture, sexual orientation, and ability status (to name just a few) affect how each of us experiences the world and how we understand ourselves. We all have multiple social identities that grant us greater or lesser power and privilege in various contexts. I try to understand your life history and your current experiences in the context of your multiple social identities, and to be aware of the values and biases that I bring to my work from my own social identities.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and loneliness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy can lead to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

I prefer to meet with clients on a weekly basis. This allows for the process of therapy to progress and prevents the "catch-up" needed when sessions are held less frequently. When a person is really struggling with a specific issue or feeling increasingly depressed or upset, meetings more than once per week are often recommended. I am certainly willing to adjust the frequency of sessions to what makes sense in each individual circumstance, and we will discuss this as needed.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about our work, we should discuss them whenever they arise.

APPOINTMENTS

My services are by appointment only. I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to help you meet your goals. If therapy is begun, I will usually schedule one 50- to 55-minute session per week at a time we agree on, although we may agree to meet more or less frequently. Phone or video sessions are possible, when necessary.

CONTACTING ME AND EMERGENCY ACCESS

I am usually not immediately available by phone (e.g., I do not answer the phone when I am with a client). When I am unavailable, your call will be automatically directed to my voicemail. I am usually able to respond to voicemails received on weekdays within 24 hours. If you have an emergency situation requiring immediate assistance (e.g., feeling suicidal), you may leave me a voicemail stating that you have an emergency and I will call you back within one hour. I want to support you in an emergency situation. However, I

recommend that in an emergency, you call 911 or go to the emergency room in addition to contacting me.

I can also be reached by email for appointment scheduling or other routine matters. I monitor my email regularly during business hours, and I am usually able to return messages sent on weekdays within 24 hours. Please be aware that email correspondence is not considered to be a confidential medium of communication.

PROFESSIONAL FEES AND PAYMENT

The full charge for my service is \$140 for a 55-minute session. (In some cases the initial appointment is 85 minutes for which I charge \$165.) The fee also includes time spent on your behalf, including record-keeping, reasonable time for phone calls, and preparation for sessions. The fee for phone or video sessions is the same as office appointments. Any phone call over 15 minutes in length is considered to be a phone session and a full fee charge will apply. There may be other times when you require other professional services of me that necessitate more extensive preparation and/or require my attendance (e.g., preparation and attendance for legal proceedings in which you become involved). If such professional services are required, additional charges may be incurred and will be discussed prior to the provision of services. All fees are subject to change with a four-week notice.

You will be expected to pay for each session at the time it is held unless other arrangements are needed and agreed upon. Payment can be in cash, by check, or with a credit card (credit card minimum charge is \$70). If paying by check, it is helpful to make the check for payment out in advance so that the entire session can be spent attending to your concerns. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. I encourage you to discuss fees and any problems with payment at any time.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its cost will be included in the claim. In most situations, the only information I release regarding a client's treatment is name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If I am not a participating provider for your health insurance network, I am considered an "out-of-network" clinician. In most cases where I am out-of-network, I will bill your insurance company directly, and you will owe the appropriate co-insurance at the time of service. For example, if your out-of-network benefits will cover 70% of the fee, you will owe \$36 at the time of service. This represents 30% of my fee of \$120; I will bill your insurance company for the remaining \$84. You can learn more about your out-of-network mental health benefits by contacting the customer service number on your

insurance card. If you have difficulty obtaining this information, I will be happy to assist you.

In the case that I am an “in-network” clinician with your health insurance company, I will bill your insurance carrier; however, you are responsible for co-payment amounts and deductibles as set by your benefit plan. Co-payments are due on the date a service is provided.

Should your insurance company refuse to remit payment for the services, you will be held responsible for paying the amount in full, as allowable by contract. At any time during treatment, should you become ineligible for coverage, it is your responsibility to notify me, and it is important that you understand that you will become responsible for 100% of the bill.

Some insurance companies require that authorization for treatment be obtained before or near the beginning of treatment and then periodically throughout treatment. You are responsible for finding out from your insurer whether pre-authorization is necessary. This should be done as early as possible in treatment. Additionally, out-of-pocket fees are expected for those professional services not covered by your health insurance company, such as phone sessions, video sessions, and preparation for and attendance at legal proceedings.

If you choose to use your insurance benefits, I may be required to submit clinical information about you and your treatment to your insurer or managed care company. This information will become part of your insurance company files. In some cases, insurance companies send information, such as your clinical diagnosis, to national medication information databanks. Please inform me if you do not want me to submit clinical information to your insurance company or communicate with them on your behalf. If requested, I will provide you with a copy of any report I submit.

Clients using insurance please initial below:

_____ By initialing here, I give permission to Valerie R. Wilson, Ph.D. to release confidential information obtained during my treatment to my insurance company and/or its managed care company for the purpose of authorizations and/or reimbursement. I also authorize my insurance company and/or its managed care company to directly pay Valerie R. Wilson, Ph.D.

I understand that I may revoke my authorization to release information from my records at any time by written or oral communication to Valerie R. Wilson, Ph.D., but not retroactive to the release of information already made in good faith.

CANCELLATION POLICY

Because this appointment is reserved for you, it is necessary to charge for appointments that are not canceled 24 hours in advance, unless the absence is in fact due to

circumstances that we would both define as unavoidable (e.g., accident, sudden illness, sick child, major transportation problem). Sessions canceled without 24 hours advance notice or missed without notification will result in a missed-session fee of \$70. The cancellation policy applies to all clients, including those with insurance. Insurance companies do not reimburse for missed sessions; therefore, you will be responsible for the full \$70. This policy exists to protect me against financial loss associated with appointment no-shows or last-minute cancellations and to allow me adequate time to fill in cancellations with other individuals who are in need of my services. If you know that you will not be able to attend a scheduled appointment, I encourage you to contact me so that we may attempt to reschedule whenever possible.

TERMINATION

Termination may occur at any time and may be initiated by either the client or the therapist. I request that if a decision to end treatment is reached that you would give a minimum of two weeks' notice so that we would have adequate time to discuss and explore the reasons for termination. Termination itself can be a very constructive and useful part of the therapy process. It can be a time when treatment gains can be meaningfully consolidated and integrated into one's daily life. If any referral or plan for further treatment is warranted, these will be made during the termination process.

PROFESSIONAL RECORDS

The laws and standards of the profession of psychology require that therapists maintain clinical records. Your clinical record may include, but is not limited to, the following information: dates of our sessions, reasons for seeking therapy, description of concerns/problems, relevant history, diagnoses, treatment plan, progress notes, test results, records or reports from other providers, information about medications you took or are taking, legal matters, and billing and insurance information. Your clinical record may be maintained in paper and/or electronic form and will be maintained securely (e.g., locked filing cabinet; password, virus protection, and firewall on computer; and password-protected web-based software with encrypted back-ups).

As a client, you have the right to review or receive a summary of your records. There are times, however, when I may request to withhold your record or parts of your record, such as if I believe that releasing such information might be harmful in any way. In such a case, I may provide the records to an appropriate mental health professional of your choice. Taking the above mentioned circumstances in consideration, if appropriate, upon your written request I will release information to any agency/person you specify. These are professional records that can be misinterpreted to untrained readers; therefore, if the record is released to you, I recommend that you review the record with me so that the contents may be discussed.

I may also keep a set of "psychotherapy notes." These notes are for my own use and are designed to assist me in providing you with the best treatment. Your psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you, and cannot be sent to anyone else, including insurance companies, without your

written, signed authorization or except in rare cases that may be required by Pennsylvania law.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. (Please see the “Notice of Privacy Practices” provided prior to or at the initial appointment for additional information related to confidentiality.) There are several important exceptions to confidentiality that are legally mandated. In general terms, these exceptions include, but are not limited to: 1) I must notify relevant others if I believe the client has an intention to harm another person or group of people, 2) I must report suspected child abuse, neglect, or molestation as required by law, 3) I must report suspected vulnerable or older adult abuse, neglect, exploitation, or abandonment, 4) in legal proceedings, I and/or my records may be court-ordered; 5) I may need to notify relevant others if I believe that a client is at risk of harming him/herself; 6) other releases of confidential information required by Pennsylvania law. Confidentiality will be respected in all cases, except those noted above. If a client requests that I disclose information to another person or professional, I must have your written permission to do so. We will also discuss the possible risks and benefits of a requested release of information to a third party. I do consult with other professionals as a way to ensure the highest quality service possible. Unless you have signed a release of information form allowing me to do so, or except in cases of emergency involving imminent danger to yourself or others, I will not share any identifying information about you or your situation.

_____ By initialing here I acknowledge that I have received a copy of **Notice of Privacy Practices** from Dr. Valerie Wilson.

AGREEMENT

I authorize and request my practitioner to carry out psychological treatment and/or diagnostic procedures that now, or during the course of my treatment become advisable. My signature below indicates that I have read, understand, and agree to the provisions of the Informed Consent for Treatment.

Name of Client (printed)

Signature of Client

Date

Valerie R. Wilson, Ph.D.

Date