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INFORMED CONSENT OF OFFICE POLICIES AND PRACTICES, LIMITS OF CONFIDENTIALITY

INTRODUCTION: Welcome to my practice. In the following paragraphs I will provide information for you that is important to read. There are specific guidelines, and limits which govern a psychological practice. It will be helpful for you to know what they are. I will ask you to acknowledge that you have read these policies before we begin our work together.

TYPE OF PRACTICE: I am trained as both a Psychologist and a Marriage and Family Therapist. My Ph.D. in Psychology is from Utah State University, where I specialized in Developmental and Clinical Psychology. I also completed graduate work at John Hopkins University and the University of Maryland in Baltimore, Maryland. I work primarily with adults, however, I also provide some types of services for those who are 12 and above. If you would like to review my training and education, please ask my office for a copy of my resume.

OFFICE HOURS: I am generally available by appointment Monday through Friday from 8:30 a.m. to 5:30 p.m. If these hours are not compatible with your schedule we may be able to make special arrangements. However, please be aware, I am seldom in the office after 6:00 p.m. If you need evening or after school hours, it may be to your benefit to consider working with a provider who is available during those hours.

MY TREATMENT PHILOSOPHY: I am what many professionals call an “integrative practice” or “mind/body” psychologist. This means that I incorporate many types of approaches and services into my treatment plans. My treatment philosophy is that we are complex beings, and our problems or difficulties affect us on many different levels, including emotional, cognitive (our thoughts), physical, social, and spiritual, and my treatment plans include services that address all of these areas. It is very rare that I solely use “talk” therapy as the only treatment approach. Instead, I offer such services as biofeedback, progressive guided visualization, hypnotherapy, meditation, and educational and coaching services, along with the more traditional forms of therapy such as group therapy, couples and family therapy, play therapy and art therapy. My approach to treatment is generally cognitive behavioral. However, I am trained in the specialized fields of EEG neurofeedback and Eye Movement Desensitization and Reprocessing (EMDR). I often assign homework and journaling assignments that can be completed between sessions. I am very committed to providing ethical, professional, and quality services, while at the same time using all of my resources and skills for enhancing the growth and recovery of my clients.

TREATMENT SESSIONS: Treatment will begin with an assessment. From the assessment, a problem list and goals for treatment will be developed. We will then discuss the treatment plan together, in order to ensure your right and ability to positively affect the direction of your own treatment. This process will generally take up to four sessions. Therapy is a very interactive process. It will be important that you journal, review, and think through the things we talk about in session. At the beginning of each session we will review what we talked about in your previous appointment, and your thoughts and feelings about it. You are strongly encouraged to participate fully in every session, as the more you participate and contribute, the more you will benefit from your treatment. Generally, I suggest at least one or two sessions per week as we begin your recovery process. When your symptoms begin to improve, we can cut back as needed.

Treatment is generally concluded by mutual agreement. You may terminate at any time. If you cancel or miss three or more sessions, I will assume that you no longer wish to remain in treatment and your therapy may be concluded, or a referral will be provided. If you anticipate missing a session it is important that you give a 24 to 48 hour notice.

RISKS AND BENEFITS OF TREATMENT: Although I will make every effort to work with you in ways that will be helpful to you, I cannot guarantee an absolute resolution of the problems that brought you here. Psychological treatment has been scientifically demonstrated to be helpful in resolving many emotional and/or interpersonal difficulties. However, throughout the process of therapy you may experience negative feelings, and emotional or interpersonal discomfort. This discomfort may result in changing relationships, including possible separation or divorce from a significant other. The benefit of therapy, of course, is that you might also experience a reduction of symptoms, and an improvement in quality of life. Personal and interpersonal growth and change will always be a goal of therapy. Your personal progress in therapy

will depend to a great extent upon your own commitment and determination.

LIMITS OF CONFIDENTIALITY: A complete medical record will be kept in my office. That record is confidential and will only be accessible to myself and/or my office staff. The information contained in it cannot be released to anyone else, including insurance companies, attorneys, other medical practitioners, or family members, without your written consent. By North Carolina law, you have a right to access that information, however, I also have a duty to prevent the misuse of clinical test data. It is highly recommended that this information is only released to another mental health professional that is trained and qualified to interpret it.

As a mental health professional, I am required to breach confidentiality under certain conditions. (1) I am required to report to the police a threat to harm yourself or anyone else. If you threaten to harm yourself, I am also required to warn your family, or other mental health practitioners, who may be able to intervene for your protection. (2) If you threaten to harm someone else, I am required by law to warn the intended victim as well as the police. (3) I am also required by law to report suspected child or elder abuse or neglect to the police and/or appropriate social service agencies. If you are involved in legal proceedings, I may be required to release your confidential record, if there is a court order that is signed by a judge. However, in this case I will likely only release your chart notes. Raw test data will be released, by court order, to another licensed professional, who is trained to interpret the material. (4) I am also required to report admitted prenatal exposure to controlled substances that have been determined scientifically to be harmful.

FEES AND FINANCIAL POLICIES: The treatment session is 45 minutes long. Payment is due at the time of the appointment. We are in the process of updating my provider profiles for most insurance companies. You may call the office to inquire whether or not I am currently able to accept your insurance. There is also the possibility that if I am not able to take your insurance, I may be able to offer a sliding scale fee to assist with affordability. Not all of the services below will be covered by your insurance. If there is a question regarding coverage, please be sure to bring it up in session. Fees are as follows.

Initial Psychological Evaluation (1 hr session)	\$135.00	Sound Therapy	50.00 per session
Individual Psychotherapy	120.00	EMDR (90 min.)	100.00 per session
Group Therapy (60-90 min.)	35.00	Psychological Testing	120.00 per unit
Family/couples Therapy (60-90 min.)	150.00	Court Testimony	500.00 per hour
Hypnotherapy	100.00	Depositions	500.00 per hour
Testing per unit	120.00	Biofeedback	100.00 per session

Regarding court testimony and depositions, because preparation for legal proceedings are so time intensive, there will also be a \$350.00 fee for pre-hearing document/litigation preparation. Also, if for some reason you are unable to keep an appointment, it is important that you call at least 24-48 hours in advance to cancel. With sufficient notice, it is possible to notify someone else of the available opening. Please be aware that you will be billed a \$75.00 no show fee if you do not call at least 24 hours before your scheduled appointment.

FILING INSURANCE CLAIMS: My office is happy to assist you in obtaining coverage for your sessions by filing insurance claims for you. However, it is important that you understand that **you are responsible for the full payment of the fees, not the insurance company.** Therefore, it is necessary for you to obtain all necessary information regarding your mental health coverage prior to seeking treatment. Furthermore, if there are unusual difficulties obtaining reimbursement from your insurance company, there will be an additional fee of \$25.00 per hour to resolve the problem. When you call to check on your coverage, important questions to ask are: Whether or not you need a pre-authorization for treatment? whether or not I am on your insurance panel? whether or not you have a co-pay and how much it is? whether or not you have a deductible, and how much? how many sessions you are covered for in the year? and whether or not testing is covered? And when is the beginning and end of your coverage year? If you have a deductible, you will be charged the usual rate of \$120.00 per session until your deductible is met.

COLLECTIONS: As a service to you, we will file your insurance claims for you. However, if for some reason your insurance does not cover an outstanding balance, and/or we are unable to obtain reimbursement, you will be responsible for the balance owed. We will make every effort to work with you to resolve your balance, however, if payment is not received within 90 days of receipt of those services, we may be required to enlist the help of a collection agency, or to proceed to small claims court. By law, we are entitled to provide the information necessary to obtain payment. This will include your

name, the services received, and the balance due. Any fees that are expended for legal action will be charged back to your account.

IN CASE OF AN EMERGENCY: At the time of the assessment, we will assess risk factors related to suicidal/homicidal ideation. At that time we will develop a plan for treatment should such a crisis arise. You may call my office at any time. If I am not immediately available, and it is an extreme emergency, you may leave a voice mail message on my office phone (919) 802-0312, or my cell phone (702) 374-3282 and I will return your call as soon as possible. **If you have an emergency that cannot wait, please follow the outpatient crisis management plan, or call 911, or go to the nearest emergency room.** If you present with a life threatening situation, we may be required to assist with hospitalization.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, WITH PARTICULAR ATTENTION TO THE UNDERLINED SECTIONS. Any questions I may have had have been explained to me in full. By signing below I acknowledge and consent to the office policies and practices as described.

Client/Guardian Signature

Date

Witness Signature

Date

If you would like a copy, please feel free to request one. A copy of this form shall be considered valid.