Limits of Confidentiality

Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self Harm: Depression is common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety.

This would include notifying the legal authorities as well as make reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental Health Professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and /or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is _____.

Insurance Providers: Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form.

Client Signature: _____ Date: _____

Barbara R. Evans, EdD, LCPC does not accept requests from current or former patients (or relatives of patients) to connect through social media (including but not limited to Facebook, LinkedmIn, etc.) in an effort to protect patient confidentiality, and avoid blurring the boundaries defined by our therapeutic relationship. For the same reasons, Barbara R. Evans, EdD, LCPC does not engage in online messaging or postings.

Payment and Insurance

Fee for Services:

Individual Therapy
- Initial Phone Consultation (15 minutes): Complimentary
- Intake/Assessment (60 minutes): $200
- Psychotherapy Session (60 minutes): $190

Couples/Family
- Intake/Assessment (60 minutes): $250
- Psychotherapy Session (60 minutes): $195

Other Services (not covered by insurance)
- Phone contact over 20 minutes: $50/15 min
- Late cancellation /Missed appointment: $100
- Reports/Letters: $50/15 min
- Overtime: $50/15 min

Please note that in some circumstances, Barbara R. Evans, EdD, LCPC is willing to work with those who may have difficulty meeting their financial obligations. In such circumstances, Barbara R. Evans, EdD, LCPC will work with me on a payment plan, which I agree to pay off completely before the end of the calendar year regardless if I am still receiving services from Barbara R. Evans, EdD, LCPC.

Cancellation Policy
When I schedule an appointment for myself or my child, I understand that the time is reserved for only me/my child, and Barbara R. Evans, EdD, LCPC will not schedule anyone else during my/my child's scheduled appointment time. If I miss or cancel my /my child's appointment within less than 24 hours notice, I understand that I will be charged a fee of $100. I further understand that insurance does not pay for sessions that were not attended, and that I will be entirely responsible for the amount owed.

Insurance
Barbara R. Evans, Ed.D, LCPC is an in-network provider for Blue Cross Blue Shield PPO, Cigna and Magellan Health Care; and is an out-of-network provider for all other managed care companies. I understand that my PPO requires that I have a diagnosis in order to determine if my/my child's treatment expenses will be covered. Additionally, this diagnosis may become part of my/my child's permanent medical and insurance records. I further understand that my PPO may have limitation on the an alternative, I may choose to have

treatment services be kept private from my PPO records, in which case no diagnosis will be entered into my/my child's medical records and my insurance provider will not be informed of my/my child's treatment. However, I understand that this latter option may result in services not being covered, and I will be entirely responsible for the full fee. I further understand that my insurance company might ask for additional information from Barbara R. Evans, EdD, LCPC and that Barbara R. Evans, EdD, LCPC may need to release additional information in order for services to be covered. Barbara R. Evans, EdD, LCPC will make efforts to minimize the amount of information released to the insurance company.

There are times that insurance companies contract mental health services out to other managed care companies, which means that even though I have BCBS PPO, Cigna or Magellan Health Care, my mental health coverage might be covered by a third party, thus making Barbara R. Evans, EdD, LCPC an out-off-network provider for mental health services. If this is the case, I will be responsible for paying the full fee upfront, and can then submit a receipt to the insurance company for reimbursement. If Barbara R. Evans, EdD, LCPC is directly reimbursed, Barbara R. Evans, EdD, LCPC will refund to me the amount reimbursed to them from the managed care company.

It is my responsibility to contact my insurance provider to gather information regarding coverage, deductible, co-pay/co-insurance, and reimbursement information. I understand with insurance there is no guarantee of payment, and that I will be responsible for the entire fee(s) not covered by my insurance.

If I decide to use my insurance coverage for treatment, I am required to pay the deductible (if any), and co-pay/co-insurance in full at the time services are rendered.

Payment

All payments are due at the time services are rendered. Payment can be made by cash or credit card (Master Card, Visa). Please note, there is a $30 fee for declined credit card charges in addition to the amount owed. Outstanding balances may not exceed the charges for two sessions for the continuation of ongoing services. For any account left unpaid, your account will be sent to collections.

Emergency Services

I understand that Barbara R. Evans, EdD, LCPC will not be providing emergency services. I have been informed to call 911 or go to the nearest emergency room in case of an emergency.

Benefits and Risks of Treatment

While I expect benefits from treatment, I fully understand and accept that, because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed. However, I understand that my/my child's efforts in collaboration with Barbara R. Evans, EdD. LCPC can help reach desired outcomes.

I understand that the process of therapy can cause painful thoughts and feelings to surface as part of exploring, gaining insight, and creating positive change around difficult experiences. I may also notice negative behaviors from me/my child after sessions, and understand that this may be a result of the issues addressed in treatment which may have brought up negative emotions. Barbara R. Evans, EdD, LCPC will work with me/my child to help manage such feelings.

I understand that regular attendance will produce the maximum possible benefits, but that I am/my child is free to discontinue treatment at any time. If I choose to discontinue treatment for myself or my child, I will inform Barbara R. Evans, EdD, LCPC verbally or in writing. I also understand that Barbara R. Evans, EdD, LCPC may choose to discontinue treatment with me/my child due to goals being met, inconsistent attendance, or otherwise, and will inform me verbally or in writing.

I am not aware of any reasons why I /my child should not proceed with treatment, and I agree to participate fully and voluntarily.

I have had the opportunity to discuss all the aspects of treatment fully, have had my questions answered, and understand the treatment planned. Therefore, I agree to comply with treatment for myself/ my child, and authorized Barbara R. Evans, EdD, LCPC to administer treatment services to me/ my child.

*Please initial and sign the next page, and bring it with you to your first appointment.