

PSYCHOLOGICAL STRATEGIES, LLP

www.psychologicalstrategies.com

PATIENT'S RIGHTS AND RESPONSIBILITIES

Welcome! At Psychological Strategies, LLP it is important to us that you know about your rights and responsibilities, as well as our obligations to you. Please read this information carefully. Your therapist will be happy to discuss any questions you have.

As licensed therapists, we are dedicated to providing quality therapy, testing and consulting services. You may be assured that each patient receives competent, considerate, prompt and respectful services, regardless of race, ethnic background, religion, gender, age, sexual preference or disability. When necessary, we will consult with other specialists, and we may refer you to additional resources.

Administrative policies are set up to allow us to work smoothly and efficiently. Your feedback is welcome; we will be glad to discuss your concerns. It is customary to acknowledge a referral made by another professional with a brief note. If you object to this, please advise your therapist.

YOUR RIGHTS:

When you become a patient you have the right to:

1. Confidentiality: It is our policy to respect your privacy and to protect the confidentiality of your relationship with your therapist. It is also our policy to inform you of the limits we have in protecting this right to confidential care. Some limitations are imposed by state statutes and others come from the ethical principles for mental health professionals. They are:

a. Ethical standards encourage therapists to confer with other professional when helpful and appropriate. Therapists at Psychological Strategies, LLP share information to facilitate patient care. All therapists in our office will maintain the privacy of this information.

b. According to the Florida Psychological Services Act (490.0147, 1987) we are obligated by law to inform relevant parties when there is a clear and imminent danger to the patient, to other individuals or to society. In addition, Florida Statute (415.504, 1987) requires mandatory reporting of suspected child abuse or neglect, and statute (415.103) requires mandatory reporting of suspected abuse, neglect or exploitation of aged or disabled adults.

c. When the person licensed under the Florida Psychological Services Act (490.017, 1987) is a party defendant to a civil, criminal or disciplinary action arising from a complaint filed by the patient, in which case the waiver is limited to that action. In the event of receiving a subpoena, the patient will be contacted, and either a written waiver or objection is expected, or the patient will arrange for his/her attorney to file a protective order, should there be an objection to honoring the subpoena. A copy of the motion and protective order will need to be forwarded to your therapist. A fee will be charged for copying records and for any time required by the legal process.

d. If you are asking this office to file insurance claims, you need to understand that we have no control over who at the insurance company will see the paperwork. Therefore, confidentiality may be limited in this regard. Many managed care companies require extensive treatment reports.

e. Parents (including non-custodial parents) do have the legal right to information concerning a minor child. From a therapeutic standpoint, however, it is important for the child or adolescent to develop a trusting relationship with the therapist. Therefore, we request that parent grant the child confidentiality subject to the above limitations. We will, of course, consult with parents regarding involvement in the treatment process.

Except in circumstances outlined in a, b, c, d, and e above, we will not release to others any information regarding you and your treatment unless you request and authorize its release with your signature. We encourage you to discuss any questions you may have about confidentiality or release of information with your therapist.

2. Information re; the Cost of Services: You have the right to be informed of the cost of professional services before receiving the services. Co-payments and/or deductibles are payable at the time of the service.

3. Informed Consent: You have a right to know the nature of the services you are receiving. In the early sessions we will discuss goals and develop a treatment plan to meet your specific needs. We encourage you to participate fully in these discussions. We emphasize short-term, goal directed, cognitive-behavior therapy. The patient and therapist work as a team to achieve treatment goals.

4. Risks: The process of change can sometimes be upsetting. The exploration of one's own feelings and behaviors and relationships in therapy may carry a slight risk of psychological distress. In some situations, examination of relationships during the course of treatment may result in a decision to make changes in some of those relationships. If you ever experience any distress, please bring this to the attention of your therapist. **AS AN OUTPATIENT PRACTICE, THERE IS LIMITED ABILITY TO RESPOND TO EMERGENCIES.** University Pavilion Hospital (954-722-9933) offers 24 hour emergency evaluations if there is an immediate risk to yourself or others. The local 911 system may also be used in life-threatening emergencies. Calls regarding minor emergencies can be made to the on-call therapist at _____. Your therapist can give you additional information about our on-call system.

5. Dual Relationships/Gifts: Ethical guidelines prohibit any other relationship developing outside the patient-therapist relationship. In Florida, the patient-therapist relationship is a lifetime relationship. Gifts are prohibited by ethical guidelines.

6. Length of Appointments: Therapy sessions are 45 minutes.

7. Other Therapists: Lauren K. Cohn, Ph.D. and Lori D. Pink, L.C.S.W. are Co-Directors of Psychological Strategies, LLP. Other therapists are independent practitioners and are responsible for their own Standards of Care.

YOUR RESPONSIBILITIES:

1. Unattended minors cannot be left in the waiting room unsupervised. Please make arrangements for child care during your appointment.

2. You are responsible for supplying accurate and complete information about yourself, your past illnesses, previous therapy, medication, family and work history. Please provide updates when appropriate.

3. You are responsible for honoring your financial agreement. Payment for psychological services is due at the time services are rendered. Fees for groups, workshops and organizational consultation are negotiated on a case by case basis. **Phone calls will be billed at the same rate as a therapy session; phone calls may not be covered by insurance.**

Psychological services are covered under many health insurance plans. Please check your insurance policy to confirm that you do, indeed, have mental health coverage. Insurance is a method of reimbursing you for fees paid to a doctor, not a substitute for payment.

4. You are responsible for keeping appointments. Missed appointments, except in emergencies or incapacitation, will be billed. Since some office work can be accomplished, no show appointments and cancellations less than _____ hours in advance are billed at \$50. **Insurance cannot be billed for this charge. Patients are personally responsible for this fee.**

5. If we must be involved in litigation because of professional services provided to you: 1) Your therapist must be paid a forensic professional fee, which is different from regular in-office fees. 2) A retainer must be paid in advance based on an estimate of minimum time required for forensic services. 3) Out of the office services are charged on a portal to portal basis. The forensics fee will be applied to all services connected to the litigation, including but not limited to telephone conferences, depositions and court appearances.

6. You are responsible for following treatment recommendations, completing therapeutic assignments and communicating your treatment progress.