

INFORMED CONSENT,  
TREATMENT AGREEMENT FOR PSYCHOLOGICAL SERVICES  
AND OFFICE POLICY

Welcome to the psychotherapy practice of Susan E. Justitz, Ph.D. This document contains important information about my professional services and business practices. It is important that you understand the type of services that you may receive, what to expect in therapy and from me, and your rights and responsibilities as a client and the financial policies. Please read it carefully and note any questions you might have so I can answer them.

**Purpose and Nature of Services Provided:**

Psychologists help patients with many types of problems, particularly mental, emotional, cognitive, and behavioral difficulties. Psychotherapy is intended to help you reach a better understanding of specific problems and increase self-awareness. It can be beneficial with providing symptom relief and improvement in coping skills. Your progress in psychotherapy and its outcome depends upon many factors including but not limited to your level of motivation and desire to change, the effort that you put forth in following through with agreed upon therapeutic tasks outside of session, keeping your appointments, and your willingness to be open with me as we work together.

**Risks and Benefits of Psychotherapy:**

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, frustration, loneliness, and helplessness. Your relationships with others may become strained as you process those feelings. Therapy may disrupt a romantic relationship. Sometimes, too, it is possible for a patient's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits leading to better relationships, solutions to specific problems and reductions in feelings of distress. But there are no guarantees of what you will experience. The outcome is based upon our joint effort in working collaboratively toward specific goals. How long you remain in therapy and the frequency of sessions is a matter best discussed while we work together to achieve your goals. While it is your right to end therapy at any time, when you decide to end treatment it is in your best interest to discuss this with me beforehand.

**Length of Session and Meetings:** The frequency of our sessions will be discussed and determined by mutual agreement. Your sessions will last for 50 minutes. Once an appointment is scheduled, you will be expected to pay for it if you do not cancel 24 hours in advance.

**Termination of Treatment:** If I determine that I cannot provide appropriate services to you for any reason, I will terminate our treatment and refer you to other professionals. If you request it and authorize it in writing, I will talk to the new therapist in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you with referrals. If you fail to schedule an appointment within 4 weeks, therapy will be considered terminated.

**Professional Fees:** Your fee is set at \$160 per 50 minute session. You are expected to pay for each session at the time it is held. In addition to psychotherapy sessions, I charge this amount for other professional services you may need or request, such as report writing, telephone conversations of ten minutes or more, consultation with other professionals with your written permission, and preparation of records or treatment summaries. The time spent performing any other service you may request of me will incur additional charges. I will pro-rate the cost if I work for periods of less than one hour.

**Litigation Policy:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is recommended that I am not subpoenaed to testify in court or in any legal proceeding. Remember that my testimony will be to the facts of the case and my professional opinion and may or may not be in your favor. If I am subpoenaed to provide records or testimony, you acknowledge and agree you will pay for all of my professional time, including preparation and transportation costs, communication with attorneys, even if I am called to testify by another party. If you become involved in any legal matter that requires my services and I am sent a subpoena, a non-refundable retainer fee of **\$1000 will be charged to your account**. This fee covers time spent for preparing for court (\$250/hr no less than 1 hour), communication with attorneys (\$165/hr no less than 1 hour), depositions (\$250/hr no less than 1 hour), travel time and attendance at any legal proceeding (\$250/hr no less than 1 hour). Please note that I DO NOT provide custody evaluations or recommendations. I DO NOT provide medication or prescription recommendations. I DO NOT provide legal advice. None of these activities are within scope of my practice.

**Insurance Reimbursement:** I do not participate in network with any insurance programs. I am licensed in Texas as a Psychologist. Your insurance company may reimburse you according to guidelines they have established for out of network providers. Your health insurance policy will usually provide some coverage for mental health treatment. I will give you a receipt upon request so you can file with your insurance company. However, you (not your insurance company) are responsible for full payment of my fees at the time of service. You are responsible for knowing what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administration.

**Charge for Missed Appointments:** There is a charge in the amount of the full agreed upon session fee for missed appointments or cancellations made without 24 hours notice. The charge may be waived in the case of a reasonable emergency. I reserve the right to request that you provide a credit card number to be kept on file so that it may be charged for any missed appointments. If you do not reschedule and attend a session within 30 days, I will accept that as your notice to terminate counseling services.

**Charge for Phone Consultations:** There is a charge of the agreed upon session fee for all phone conversations that exceed ten minutes. The charge is pro-rated.

**Availability, Office Hours and Contacting Me:** My office hours vary and I am often not immediately available by telephone. Messages may be left for me at **(214) 208-9460**. I routinely return calls within 24 hours during regular business hours (that is between 8:00 AM and 5:00 PM) Monday through Friday. Please set your phone to accept private calls, otherwise I may be unable to reach you. If you are difficult to reach, please let me know of some times when you will be available. **If you experience a life-threatening emergency, go to the nearest hospital emergency room and request to see a mental health professional. Another option is to call 911. If you are suicidal you can call the Dallas Suicide and Crisis Center (214) 828-1000 or the Suicide Prevention Lifeline 1-800-273-TALK (8255).** If you have insurance you can call the number listed on the back of your card and get a referral to an in-network psychiatric hospital for consultation with an intake specialist. If you are taking any psychotropic medications, it is important to coordinate a crisis response plan with your physician to determine what steps you should take in a crisis. If at any time you experience suicidal thoughts during our work together we will develop a detailed Crisis Response Plan specific to keeping you safe. When a Crisis Response Plan is developed it is important you have it readily available to use should the need arise. It will detail steps for you to follow.

**Use of Electronic Communications:** I will use e-mail communication only for administrative purposes, such as scheduling and billing. E-mail is an inherently unsecure form of communication, so please do not e-mail me about clinical matters. If you need to discuss a clinical matter between sessions please call me.

Any e-mails you send to me will be printed and will become part of your clinical record. **I do not engage in communication or relationships via social media with patients.** This is for the protection of your privacy as well as the therapy relationship. If you happen to encounter me by accident through social media or the internet please feel free to discuss this with me in session. I do not accept “friend” requests from current or former clients on my psychotherapy related profiles on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate with me via any interactive or social networking websites. If we happen to encounter each other outside of the professional setting I will not address you unless you address me first. This is also for the protection of your privacy from those either of us may be with. I'm happy to return a friendly greeting but will allow you to take the initiative if you would prefer to do so.

**Limits on Confidentiality:** Texas law and the federal HIPAA privacy rules are designed to protect the privacy of all communications between you and a mental health professional and records of your treatment. In most situations, I can only release information about your treatment to others if you sign a written authorization. The authorization will remain in effect for a length of time you determine. You may revoke the authorization at any time, unless I have taken action in reliance on it.

**Exceptions and limitations of your confidentiality** include the following:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization. However, if your records are subpoenaed or if a judge issues a court order for your records, I am legally obligated to comply. In the case of a subpoena, I will contact you so you and your attorney can take steps to contest the subpoena, but if you do nothing, I will obey the subpoena.
2. If I believe that you are a danger to yourself or to others, I will contact medical, law enforcement personnel, or your emergency contact person. If there is a medical emergency on the premises, I will contact 911 or a family member.
3. If you are a minor, elderly, or disabled and I suspect you are a victim of abuse, or if you divulge information about such abuse, I am required by law to notify authorities.
4. If you file suit against me for any reason related to your therapy.
5. If a court order or other legal proceeding or statute requires disclosure of your information.
6. If you waive the rights to privilege or give written consent to disclose information.
7. If someone else is paying for your treatment and you have a repetitive pattern of missed appointment, I will need to contact the paying source. I do not work directly with insurance companies but you may try to receive reimbursement for your sessions. If your insurance company requires additional information, I will have to provide that information.
8. Information contained in communications via computers with limited security/control, such as e-mail and telephone conversations via cell phone is not secure and can compromise your privacy.
9. If I learn of previous sexual exploitation by a mental health provider I am required to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider. The patient has the right to remain anonymous when the report is filed.

**Records and your right to review them:** Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and treatment plans. Texas law requires that I maintain appropriate treatment records for at least 10 years from the last date of service. If the client is a minor child at the time services are provided, the records are kept for 10 years after the client's 18th birthday. As a client, you have the right to review your records or receive a summary of your records. Texas law requires that all requests to review or obtain copies of your records must be made in writing. The records can be

misinterpreted and/or can be upsetting to lay readers. If you request a copy of your records, I will provide them to you within 15 days of receiving the request unless I believe that to do so would endanger your life or the life of another person. I have determined that a reasonable, cost-based charge for providing you with a copy of your records will be \$25.00. By law, I am not required to provide copies of requested records until the fee is paid.

**Complaints:** You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may inform your insurance carrier and file a complaint with them or with your therapist's licensing board: The Texas State Board of Examiners of Psychologists (800-821-3205).

**Please initial each item.**

\_\_\_\_\_ I understand the nature of the proposed therapeutic treatment, the limits of confidentiality, and I give my informed consent for psychological treatment by Susan E. Justitz, Ph.D.

\_\_\_\_\_ I understand that the fee for service is \$ 160 and will be pro-rated if sessions exceed 50 minutes.

\_\_\_\_\_ I understand that the counseling session is **50 minutes** in length and that longer sessions will be pro-rated.

\_\_\_\_\_ I agree to pay for any missed appointments. To avoid a fee, please give 24 hours advanced notice if you must cancel or reschedule an appointment.

\_\_\_\_\_ I understand that if I do not attend a session within 30 days, Dr Justitz will accept that as my notice of my intent to terminate counseling services.

\_\_\_\_\_ I have received and read the HIPAA Notice of Privacy Practices

\_\_\_\_\_ **I understand that if I am experiencing a medical or psychiatric emergency, I have been advised to dial 911 or go to nearest emergency room, and I agree to abide by these instructions. I have read the above Agreement carefully, I understand the terms of this Agreement and I agree to comply with them.**

\_\_\_\_\_  
Signature of Patient and Date Signed

\_\_\_\_\_  
Signature of Parent if Patient is minor or Authorized Representative and Date Signed

\_\_\_\_\_  
Printed Name of Patient or Authorized Representative

**\*\*If patient is a minor and parents are divorced, informed consent form must contain signatures of both parents or a copy of the divorce decree must be presented showing that the parent has the authority to authorize treatment for minor.**