



Helping Children.
Educating Families.

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PRACTICE INFORMATION

Reaching out for help is not always easy and so I greatly appreciate you giving me the opportunity to assist you and your family. This handout will provide you with information regarding my therapeutic process, services, and expectations.

My theoretical approach is based in cognitive-behavioral therapy, applied behavior analysis (ABA), developmental, and family systems. My objectives in treatment are to **help children and educate families**. I provide a variety of services and work with toddlers to adults. Building competency and confidence is the foundation of my practice and establishing a strong working relationship with my clients is imperative to successful outcomes. With that said, there are legal and ethical limits to our relationship.

CONFIDENTIALITY & MINORS

The law protects the privacy of all communications between a client and myself. In most situations, I can only release information about treatment to others if my client or a legal guardian signs a written Authorization to Release Information. In all but a few rare situations, confidentiality is protected by federal and state laws and the by rules of my profession. Here are the most common cases in which confidentiality may not be protected in my practice. If any of these situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to only what is necessary.

1. If the client makes a serious threat to harm themselves or another person. The law requires me to protect my client or that other person and in doing so means telling others about the threat.
2. If I believe a child has been or will be abused or neglected.
3. If I receive a court order.

In the effort of consistency and as most of my clients also work with other pediatric professionals, professional consultation can be a necessity. In these situations, I must obtain the appropriate authorization prior to consulting. However, if I consult with a professional who is not involved in you or your child's treatment, I am legally and ethically required to avoid revealing your identity. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

When I build a therapeutic relationship with a minor it is important that they feel comfortable sharing their feelings and know that I will respect their privacy. Hence, during my first therapy appointment with you and/or your child the ground rules for privacy will be reviewed. This way everyone knows exactly what types of information might be shared with parents and what they might want to keep private. For example, it is common for parents to agree to be informed only if their child is engaged in risky activities (e.g., abusing drugs and/or alcohol).

Our first appointment is a clinical intake and if you are seeking services for your child the intake will be done without your child present so we can freely speak about your concerns. This appointment is usually an hour. During this time, we can both decide if I am the best person to provide the services. Unless we are conducting an evaluation, therapeutic sessions are about 50-55 minutes long. Frequency will be determined at the time of the intake or after a session with your child.

Once a therapeutic hour is scheduled, you will be expected to pay for the session, unless you provide 24-hour notice (excluding weekends and holidays) of cancellation by calling my office phone. There are exceptions to this as in the case of emergencies and sudden illnesses. The practice of psychotherapy is unusual in that you are buying my time and it has been reserved for you. Often, other people cannot be rescheduled in these time slots on short notice.

As I work with children and have a family of my own, it is very important that you cancel in a timely manner if your child has a fever, green snot, persistent cough, feels nausea, vomits, and/or has diarrhea. Should you decide to bring your child with any of the following symptoms of illness, I will respectfully decline to keep our appointment.

In the case of a pattern of cancelled meetings on your part, or a similar expression of a lack of commitment to our work together, I reserve the right to end our working relationship. In this unlikely event, I will do my best to help you find another therapist with whom to work if that is your wish. You will be responsible for any remaining balance on your bill, including any fees for last minute cancellations and no-shows.

FEES

I am an in-network provider for Blue Cross/Blue Shield, Cigna, and Aetna. To verify your benefits and eligibility with your insurance company I will need the following pieces of information prior to scheduling an intake:

1. Copies of the front and back of your insurance card
2. Full name of patient
3. Date of birth of patient
4. Physical address associated with your insurance card

Should you not have insurance or your insurance plan is one other than the three noted above, my rate per hour is \$150.00 per hour regardless of the service. My office will submit invoices on your behalf to your insurance company that could be applied to your deductible.

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 which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. (If such legal action is necessary, the costs of that action will be included in the claim.)

CONTACTING ME AND EMERGENCIES

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, except for weekends and holidays. During the normal work week, I am generally able to return a message within approximately 24-48 hours. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel

that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If you have an emergency, and cannot reach me by phone or email, it is best to immediately call 911, go to the nearest hospital emergency room.

CLIENT CONSENT STATEMENT

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay all fees associated with therapeutic services provided under the care of Dr. Heidi Escoto. I understand my rights and responsibilities as a client, and my psychologist's responsibilities to me. I agree and/or have my child undertake counseling with Dr. Heidi Escoto.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Client Signature & Date

Parent/Guardian Signature & Date