

# Ariana Prawda, Psy.D.

Licensed Clinical Psychologist

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## *Informed Consent for Treatment*

Welcome to my psychotherapy practice. You've taken an important step toward making a change and improving your situation. Two fundamental components of a positive and productive therapy relationship are trust and understanding between therapist and client. For that reason, I request that we review my policies together and that you ask any questions you may have about them. I am always happy to answer your questions and respond to your concerns. We will both sign this form after we review it, and can return to it at any point in the future if you would like.

### *Qualifications*

I have been providing psychotherapy to adolescent and adult individuals, couples, and groups since 2006. I have a Psy.D. in Clinical Psychology from Rutgers University. I am licensed by the Virginia Board of Examiners of Psychologists (0810004546) and the District of Columbia's Board of Psychology (PSY1001519).

### *Structure of Therapy*

#### *Availability*

Hours for appointments are flexible. Morning, daytime, and evening hours during the workweek are offered. These hours are coordinated between the therapist and patient.

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. You may leave a message on my confidential voicemail. I make every effort to return messages within 24 hours.

I generally take 4-5 weeks of vacation during the year. I will inform you well in advance of my absences and may engage a colleague to provide emergency coverage while I am away.

#### *Timing*

Unless we agree on an alternative format, therapy will take place once per week for 45 minutes. There is no formula for how many sessions therapy should last, that is something that we will discuss and evaluate as we move toward meeting your goals. We will work together to decide when is an appropriate time to end therapy; this is a collaborative process.

### *Initial Sessions*

Our first few meetings are essential for me to gather information about your personal, social, occupational, developmental, psychiatric functioning and history, to learn about you, and the concern(s) that have brought you to therapy. We will clarify your treatment needs and discuss a

suitable treatment plan. It is important that you use this time period to determine whether I am a good fit for your personal needs.

### *Cancellation Policy*

From time to time there may be a conflict that prevents you from attending therapy. Should this occasion arise, I request that you provide me 24 hours notice of the cancellation by leaving a message at (703)227-7170. If we are able to reschedule your appointment to another time that week, you will not be charged the full fee for that session. The fee from a missed session (\$245) is due at the time of the next scheduled appointment. There are some exceptions to this policy (e.g., severe illness, family death), that will be evaluated on a case-by-case basis.

If you do not schedule an appointment within 30 days of your last appointment, I will assume you have decided to discontinue services with me. In the event that you would like to return to counseling and have been compliant, please be assured that you are welcome to return as long as I have availability.

### *Risks and Benefits*

Therapy is a process that has distinct benefits as well as real risks. During therapy we may discuss topics that bring about painful feelings (for example, anger, grief, or hopelessness). This is a normal process of working through the issues that pain you, and will likely not be permanent. Because people sometimes have the tendency to resist change, you may find that your symptoms may feel worse before they feel better. This will likely not be permanent, and I have confidence in therapy's ability to empower you to make the change you desire in your life. Therapy can be hard work and people are often tempted to quit prematurely. If this is something you are struggling with, please bring it to my attention so we can work through it. It is important for us to talk about your needs, expectations, and therapeutic goals at the onset of therapy as well as on a continuous basis. Therapy is a collaborative process that relies on hard work and a good match between us. If at any point you are dissatisfied with the services you are receiving please discuss this with me so we can find a viable solution.

### *Emergencies*

If you have an emergency between our sessions and need immediate help, call 911 or go to your nearest emergency room. If you experience a psychiatric crisis that is not immediately life threatening, you can go to the nearest emergency room and speak with the psychiatrist on call. You can call the therapist's contact number (703-227-7170). However, be aware that at times, calls are not returned until the next business day. If we find that once weekly therapy is not an adequate level of care for your needs, we can discuss an alternative treatment plan or I will make appropriate referrals to connect you with more comprehensive services.

### *Confidentiality*

Your confidentiality is extremely important to me. Everything that we discuss in therapy is private, and I do not share information without your written permission to do so.

While your privacy is paramount, so is your safety and the safety of others who may be in danger. There are several situations in which I may be legally obligated to break confidentiality:

- (i) If you express intent to seriously harm yourself or another person.
- (ii) If there is suspicion or evidence of abuse/neglect of a child or elder.
- (iii) If compelled by a court order to do so (this is extremely rare).

In any of the above situations, you and I will first discuss and attempt to come to an agreement on how to proceed. If we are unable to do so in a safe and legal way, I will do so independently.

In some cases, I may seek consultation from another professional (psychologist, psychiatrist) in order to provide you the best possible care. In those cases, I will do everything possible to maintain your confidentiality, such as omitting your name and any identifying information.

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross Blue Shield or other companies usually want only your diagnosis, my fee, the dates we met, and sometimes a treatment plan. Managed care organizations, however, ask for much more information about you and your symptoms, as well as a detailed treatment plan. It is against the law for insurers to release information about our office visits to anyone without your written permission.

If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

### *Records*

I am required to keep appropriate records of the services that I provide. Your records will be kept in a secure location. The content of your records will include the reasons you are seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, payment history, and other relevant treatment data.

Please refer to the document NPP-Unabridged for a fuller discussion of privacy policies and limitations. Your signature below acknowledges that you have read or heard of this notice of privacy practices, which explains in more detail what your rights are and how your information can be shared and used.

### *Fees*

The fee for each individual session is currently \$245, group sessions are currently \$140, and couple's therapy sessions are currently \$270. Payment by cash or check is due at the end of each session.

I am considered an out of network provider for all insurance companies. I am happy to provide statements that you may submit to your insurance company to seek reimbursement for an “out of network provider.” Please note that not all insurance companies reimburse for out-of-network providers and you should contact them directly to ensure eligibility.

As above, fees incurred for missed sessions are due at the beginning of the next scheduled session.

By providing me with your credit card information you authorize me to use it when other forms of payment have not been received by the time the invoice is due.

After an initial period of consistent payments, I am open to arranging for monthly billing plans. This will be decided on a case-by-case basis.

If payments for the services are not made, we will address it in treatment and may need to stop services. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. Certain confidential “Protected Health Information” may be released should any attempt to collect a debt need to be undertaken.

I, \_\_\_\_\_, have read and discussed the above policies with Ariana Prawda, Psy.D. I was given the opportunity to ask questions, they were answered to my satisfaction, and I understand my rights and responsibilities as a client. I give consent to participate in therapy within the above guidelines. I have been given a copy of this form for my records.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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Client Signature

\_\_\_\_\_  
Date

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Ariana Prawda, Psy.D.  
VA License: 0810004546

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