

Kathleen Adams, Ph.D.
3355 Bee Caves Rd. Suite 611
Austin, Texas 78746

OFFICE PRACTICE AND POLICY

**PSYCHOLOGICAL SERVICES, FEES, AND CONFIDENTIALITY
(CHILD or ADOLESCENT)**

A. I understand that Dr. Kathleen Adams charges these fees for the following services I can expect that Dr. Adams will raise her fees every twelve to eighteen months to keep pace with inflation.

Initial appointment..... \$ 195
Consultation \$ 180 per session (45 min)
Individual Therapy\$ 180per session (45 min)
Group Therapy.....\$ 60 per session (90 min)
Other: (court testimony, depositions, other legal).....\$ 500 per hour including driving

B. Therapy is a joint effort between the psychologist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as family, friends, health issues and professional pursuits. Generally Dr. Adams' practice consists of long term psychotherapy with a psychodynamic focus. We will look at your life goals, the ways in which you cope with stress and your feelings, your capacity for intimacy and emotional connection, pleasure, and healthy work and relationships. We will sift through your earliest memories of self (private self, public self and body self); self with others (safety, communication, love, friendship and competition); and self in educational and work environments (grade school, junior high, high school, college). We will explore the impact of any chronic or abrupt trauma on your developing self. In the process we will develop a consensual sense of you how you grew into your uniqueness, and how you yearn to continue growing into your personhood. We will talk about your fears, your hopes, and your dreams, both sleeping and waking. Together we will set and periodically review goals for your psychotherapy. Don't be surprised to find that your therapy goals evolve over time as your self-awareness expands and your expectations for satisfying relationships deepen. I frequently work in tandem with other professionals and modalities: group therapy, couples or family therapy, body therapy, and/or art therapy, as I have discovered that a team treatment approach substantially enhances and expedites progress. Most people find they realistically need at least three to five years to achieve their therapy goals.

C. I understand the information I provide Dr. Kathleen Adams is confidential and will generally be released to others only by my written consent. I have been informed, however, that the psychologist is required to disclose confidential information without my consent in certain circumstances. These include, but are not limited to the following: If I am assessed to be a danger to myself or others; if I am a minor, elderly, or disabled and the psychologist believes I am the victim of abuse or if I divulge information about such abuse; if I file suit against the psychologist for breach of duty; and if a court order or other legal proceedings or statute require disclosure. If I have children and am in the midst of a divorce, the court can order Dr. Adams to testify. I understand if I tell you of any sexual involvement with a mental health professional you must report it to the District Attorney. I understand if a child custody suit is initiated my records, including psychotherapy process notes, can be subpoenaed if the judge decides the welfare of a child is at stake. Dr. Adams may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I Dr. Adams may use case information from my treatment in a general way to facilitate her own or others' learning in case consultation, but she will mask my identity so that the information remains anonymous. I know I have the opportunity to ask Dr. Adams any questions I may have on limits of confidentiality.

D. You should know that if you file to have your sessions covered by insurance, our confidential relationship may be seriously compromised. I do not bill electronically, nor do I consider myself a provider for any insurance company, so you will have to file your own insurance claims.

E. I understand that in April 2003 new, untested regulations went into effect that may offer further records protection to me by federal mandate. These regulations stipulate that: (1) You may use and disclose my health information in connection with your healthcare operations. Healthcare operations include quality assessment activities, reviewing the competence of healthcare professionals, and licensing activities. (2) I may give you written authorization to use my health information to disclose it to anyone for any purpose. If I give you an authorization, I may revoke it in writing at any time, but the revocation will not be retroactive. Unless I give you a written authorization, you cannot disclose my health information in a way in which can be identified, except in the circumstances described in C. (3) I have the right to look at or get copies of my health information, with limited exceptions. I understand I will be charged for this service at a reasonable rate. (4) I have the right to request that you place additional restrictions on our use or disclosure of my health information. You are not required to agree to these additional restrictions, but if you do, you will abide by our agreement except in an emergency. (5) You may disclose my health information to provide me with appointment reminders, to return a phone call from me, to check on me in the event of an unexpected absence, unless I instruct you not to (such as voicemail messages, letters).

F. I, Dr. Adams regard, the information you share with me with the greatest respect so I want us to be as clear as possible about how it will be handled. In general, I will tell no one what you tell me. There are four circumstances in which I might discuss some aspects of your case with another colleague and I ask your understanding and agreement now to let me do so. First, when I am away from the office I will be available to you in emergencies whenever possible, but may instead collaborate with any substitute therapist covering for me or whom you may be seeing. Second, I occasionally consult on cases with colleagues or specialists (who are also ethically required to maintain your confidentiality), so some aspects of your case might be shared. Your identity, however, will never be revealed. Third, if you are filing insurance, be aware that managed care intrudes into your privacy and asks detailed questions about your treatment, dreams, etc. Fourth, if you are in team treatment (more than one therapist) I will ask you to sign a release so that I can keep in touch with your other therapist.

G. If you have an emergency, call my voice mail service at (512) 327-8311 and have me paged. I will get back to you as soon as possible. When I am out of town I will either give you my phone number or arrange for you to have another therapist to call.

BILLING PRACTICES:

Payment is due at each visit unless prior arrangements have been made . Checks are made payable to Dr. Kathleen Adams. The insurance company may reimburse you for their part of the claim once it is filed. **I am not an insurance provider.** However, the client, not the insurance company, is responsible for payment of the bill

Accounts are considered delinquent after **90** days of non-payment. Delinquent accounts may be turned over to a collection agency. If payment for services is not received within **90** days, or if a delinquent personal account reaches \$300.00 routine visits will cease unless payment is made in full. Dr. Adams will explore the reasons for non-payment as compassionately as possible. Dr. Adams may nonetheless choose to submit bills to a collection agency and inform you in writing that future services will not be provided and refer you to a community agency or program or other practitioner to continue needed services, etc.

APPOINTMENTS/CANCELLATIONS:

Generally therapy sessions are scheduled on a weekly basis, with variations as therapeutically indicated. If you must cancel, please do so at least 24 hours in advance. **Appointments canceled with less than 24 hours notice will be charged as a regular**

appointment. Missed sessions may also be charged to your account for therapeutic reasons at the discretion of the therapist even with prior notice of cancellation, but not without a thorough discussion and review of the pertinent clinical issues involved in your treatment. You, not your insurance company, will be responsible for missed sessions. They will be represented on your bill as "**Missed Appointment**".

I understand that if I fail to attend **3** consecutive sessions without notifying Dr. Adams, she will assume that I wish to terminate services. I also understand that I may terminate services at any time by notifying Dr. Adams.

I have read and understand the office policy and practices information sheet about psychological services, fees, confidentiality, consultation, emergencies, billing procedures, appointments and cancellations. I understand that Dr. Adams and I will periodically review my progress and discuss our short term and long term goals. I understand that psychotherapy is frequently painful and even at times discouraging because it requires me to give up life long adaptations and to develop new choices, skills and abilities. Such change does not occur without considerable self-scrutiny, commitment and effort.

Signature of Patient or Guardian

Date