Kathleen Adams, Ph.D. 3355 Bee Caves Rd. Suite 611 Austin, Texas 78746 (512) 327-8311

CLIENT INFORMATION ON 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 up with inflation.

Initial appointment	\$ <u>250</u>
Consultation	\$ 200per session (45 min)
Individual Therapy	\$200_per session (45 min)
Group Therapy	\$ 60 per session (90 min)
Other: (court testimony, depositions, other	

B. Therapy is a joint effort between the psychologist and client, the results of which can not 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 the ways in which your child or adolescent copes with stress and feelings, his capacity for intimacy and emotional connection, pleasure, and healthy learning and relationships. We will sift through his 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 (pre-school, grade school, junior high, high school, college). We will explore the impact of any chronic or abrupt trauma on his developing self. In the process we will develop a consensual sense of you how he grew into his uniqueness, and facilitating continued growth and mastery of his inner and outer worlds. We will talk about his fears, his hopes, and his dreams, both sleeping and waking. We will look at peer, substance abuse and sexual issues depending upon relevance. Generally I maintain confidentiality with all but the youngest children, and suggest that parents work with a parenting or mental health professional with whom I can coordinate. I always solicit ideas about treatment goals from both parents and child, but tend to work within the child's world view as much as possible. I decline to work with adolescents who do not wish to be in therapy. Don't be surprised to find that your youngster gets more difficult for a while after starting therapy; often important silent gains are being made in terms of self-awareness and authenticity. Ultimately, accountability and healthier communication skills should follow. I frequently work in tandem with other professionals and modalities: parenting professionals, 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. No child is in therapy on a solo basis: as the child changes, so too does the family system. Most parents find their child realistically needs at least one to three years to achieve therapy goals. Oftentimes, even after leaving a successful therapy experience, youngsters choose to keep some kind of therapy relationship with me throughout their formative years well into young adulthood, dropping in for "check-ups" when something challenging comes up.

- 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 my child is assessed to be a danger to myself or others; and the psychologist believes my child is 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 the records, including psychotherapy process notes, can be subpoenaed if the judge decides the welfare of a child is at stake. I know I have the opportunity to ask Dr. Adams any questions I may have on limits of confidentiality. I understand that in April 2003 new, untested regulations go into effect that may offer further records protection to me by federal mandate. You should know that if you file to have sessions covered by insurance, your child's confidential relationship with me 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.
- D. I, Dr. Adams regard, the information you or your child shares 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 or your child tells 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 us 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.
- E. If you have an emergency, call my answering machine at (512) 327-8311 and have me paged. I will get back to you as soon as possible.

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 my child fails to attend **3** consecutive sessions without notifying Dr. Adams, she will assume that I wish to terminate services. Exceptions may be made with certain adolescents, as long as I assume financial responsibility for the missed sessions. 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 appreciates ongoing updates about my child's struggles and progress. I further understand that Dr. Adams may indicate to me that she wishes to preserve the confidentiality of my child's treatment for various clinical reasons, including but not limited to establishing a trust relationship with my child. I understand that psychotherapy is frequently painful and even at times discouraging because it requires the giving up of life long adaptation. It may take considerable time for my child to develop new choices, skills and abilities, and that it is not unexpected for someone to get worse before they can get better.

Signature of Patient or Guardian	Date