



INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES FOR ADULTS

This document contains important information about the professional services and business policies offered by clinical staff members at **Arbor Psychology Group North Campus (APG)**. Please read it carefully and note any questions you might have so that they can be addressed during your session. You are asked to sign only once you fully understand the policies. Once you sign a copy for your file, it will constitute a binding agreement between you and your APG clinical staff member. You may revoke this agreement in writing at any time. That revocation will be binding on APG unless we have taken action in reliance on it; if there are obligations imposed on APG by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Psychological Services:

Clinical staff at Arbor Psychology Group provide assessment, psychotherapy (e.g., individual, marital, family, and group) and health and wellness services (e.g., training/consultation; workshops; group skills training). Psychological Services are not easily described in general statements. They vary depending upon the individual characteristics of you and your APG Clinician, and the particular problem(s) you are experiencing. There are many different methods your clinician may use to deal with the problem(s) you hope to address. Psychological Services are not like medical doctor visits; instead, they call for a very active effort on your part. In order for Psychological Services to be most successful, you will have to work on things you talk about with your clinician during your sessions and at home.

Your first session(s) with your APG Clinician will involve an evaluation of your needs. We normally conduct evaluations that last from 1 to 3 sessions. By the end of the evaluation, your APG Clinician will be able to offer you some impressions of what your work will include, and an initial treatment plan (if you decide to continue with treatment). You should evaluate this information along with your own opinions of whether you feel comfortable working with your APG Clinician. Psychological Services involve a commitment of time, money, and energy, so you should be careful about the path you and your APG Clinician select. If you have doubts about our procedures, you should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion. You have the right to terminate Psychological Services at any time, although it is recommended you do so only after discussing your concerns with your APG Clinician directly.

Treatment: If you would benefit from psychological treatment, your APG Clinician will explain to you the nature and goals of the psychological services recommended and the estimated length of treatment. Psychotherapy sessions typically involve you and/or family members and your APG Clinician. Once your APG Clinician has completed their evaluation, they will recommend a treatment plan for you. Your APG Clinician will also review the rationale for this treatment plan and their recommendations concerning your emotional, social, and psychological functioning within your family and/or school or work setting as relevant. Recommendations for

specific treatment goals and interventions will be developed with consideration of your presenting problems, strengths, personality, and interests.

Typically therapy will end when you and your APG Clinician jointly decide that you have made satisfactory progress in achieving your treatment goals. If you decide to terminate treatment early, it is important that you discuss your decision with your APG Clinician so that they can decide how many sessions are needed to bring your work to a close.

Confidentiality: The only way your APG Clinician will share information about you with others is if you first sign a "Release of Information" form that specifies who is to receive the information and what is to be shared. You have the right to confidentiality regarding your involvement at APG. Legal exceptions to confidentiality exist in order to protect you and others, including the following: threat of grave bodily harm to oneself or another person; child abuse or neglect; requested information from your insurance company; court order; and information a collection agency may require if a patient's account is delinquent. Please see APG's [Privacy Practices](#) form for more detailed information.

Benefits and Risks:

Psychological Services can have benefits and risks. Informed consent means being aware of both possibilities.

Benefits include gaining a better understanding of the problems you asked the APG Clinician to assess and receiving recommendations. Additionally, through the course of treatment, patients can experience symptom relief, feel better subjectively, and function more optimally. Patients also can gain insight and skills to improve their relationships with others.

Risks sometimes include experiencing uncomfortable feelings because APG Clinicians will share their impressions about the client's/family's difficulties. It may also require recalling unpleasant aspects of the client's past or present situation.

A decision on the part of your APG Clinician for early or premature termination of the professional relationship would be for one of the following reasons: non-cooperation with the services being provided; lack of maintaining frequency of sessions that would support timely completion of the evaluation, treatment or consultation; needed services that your APG Clinician is not able to provide; financial non-cooperation; or any other needs of the APG Clinician. Should the professional relationship end prematurely; parents will be provided with appropriate referrals and recommendations about how to proceed.

I understand that participating in Psychological Services, involves the aforementioned risks.

_____ (Initials)

Professional Fees, Payment Policies, & Insurance Reimbursement:

Fees: Psychotherapy sessions are billed at \$225 for your first appointment, and \$185 per hour, afterwards; however, APG Clinicians may negotiate a reduced fee based upon need. Payment is due at the end of each session.

There is no charge for routine phone calls lasting less than 10 minutes. If phone calls take the place of an in-

person appointment, if they last for more than 10 minutes, or if significant amounts of time are needed to coordinate a patient's psychological care with other professionals or institutions, these calls will be charged per 15 minute intervals at the hourly rate of the service to which the call relates.

I understand that my initial evaluation session(s) for Psychotherapy sessions will be billed at or below \$225 per hour and all subsequent Psychotherapy sessions or related activities will be billed at or below \$185 per hour.

_____ (Initials)

If a patient/family become involved in legal proceedings that require the participation of the APG Clinician, the patient/family will be expected to pay for their professional time even if they are called to testify by another party. Because of the difficulty of legal involvement, the fees for preparation and attendance at any legal proceeding are higher than the typical fees and will be discussed with the patient/family if this service becomes necessary.

Payment Policies: Fees are collected at each visit for the hours of service performed that day. Fees for activities conducted between visits (e.g., record review, phone calls of more than 10 minutes, etc.) will be collected at the next visit or by invoice if there are no further visits scheduled. The patient/family will be provided with a statement itemizing the hours for which you are being billed on a monthly (or more frequent) basis. The patient/family will be expected to pay the outstanding balance at that time. APG Clinicians are unable to have patients run a bill for their services. APG Clinicians also cannot accept barter for services.

Payment may be made by cash, check, or credit card (VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER) at the time of service(s). Please make checks out to Arbor Psychology Group.

I understand that I must pay at the time of each visit. I understand that all services provided between visits will be billed and paid at the subsequent visit.

_____ (Initials)

Payment delinquencies: There will a returned check fee of \$25.00 should there be any problems clearing a check. If for any reason a patient/family does not pay their bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that they do not pay. If a patient/family does not pay their bill for more than 60 days and suitable arrangements for payment have not been agreed to, your APG Clinician has the option of using legal means to secure payment, including the use of collections agencies or small claims court. If such legal action is necessary, the costs of such proceedings will be included in the claim. In most cases the only information released about a patient in such a process would be his/her name, the nature of the services provided, and the amount due.

Insurance Reimbursement: If you have a health insurance policy, it will usually provide at least some coverage for mental health treatment. Arbor Psychology Group (APG) will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you, not your insurance company, are responsible for payment of services. It is very important that you find out exactly what mental health services your insurance policy covers prior to your initial visit.

You should carefully read the section in your insurance coverage that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information

you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

I have read and understand that I am responsible for any fees that my insurance company does not cover.

_____ (Initials)

Cancellation Policy: Since your appointment time is reserved exclusively for you, if you cancel or do not come, your APG Clinician is often unable to use that time for another patient who needs to be seen. Therefore, once an appointment for any service is scheduled, a patient will be expected to pay for it unless they provide 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

I understand that I must cancel the appointment 24 hours in advance or I may be billed in full for the scheduled appointment.

_____ (Initials)

Contact Policies & Procedures:

To reach your APG Clinician by phone, please call 734.997.5033. As APG Clinicians are often not immediately available by telephone, they will check messages during the day, Monday through Friday. APG Clinicians typically do not check messages over the weekend. APG Clinicians will make every attempt to return phone calls as quickly as possible. When your APG Clinician is unavailable, their telephone is answered by confidential voicemail. If your APG Clinician will be unavailable for an extended time (e.g., vacation or illness), they will provide patients/families with the name of a colleague to contact, if necessary and upon request.

If a patient wishes to communicate with their APG Clinician by e-mail, it is necessary to sign the Communication by E-mail Consent form.

Emergency Procedures:

APG Clinicians do not provide emergency services. In an emergency, patients should call 911 or go to the nearest emergency room and ask for the psychologist or psychiatrist on call. Alternatively, patients may contact the psychiatric emergency room at the University of Michigan Medical Center at 734.936.5900.

I understand that APG Clinicians cannot provide emergency services. In an emergency situation, I know to call 911 or go to the nearest hospital emergency room.

_____ (Initials)

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your professional relationship with your APG Clinician.

I have received and understood the above information. I have been given a copy of this form for my records, and I consent to the agreed upon services. I agree to meet all financial obligations.

Patient's Name: _____ Patient's Date of Birth: _____

Signature of Patient: _____

Signature of APG Clinician as Witness: _____