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Informed Consent for Participation in Treatment

Please read this consent form carefully, as it describes the policies and procedures followed by your psychologist or your therapist (hereinafter referred to as clinician). You will receive a copy of this form.

Types of Service Provided by Your Clinician:

You will be interviewed and may be asked to fill out some questionnaires to assist your clinician in determining how best to help you. Sometimes additional psychological testing is conducted, and your clinician will discuss with you the reasons for this if it is relevant. Treatment usually involves individual meetings with the clinician, but it may also include group treatment and/or involving family members or significant others in some individual sessions. All treatment will be conducted only with your written consent.

What You Can Expect from Treatment:

A specific, individualized treatment plan tailored to your needs will be developed. This will include goals that you hope to achieve in treatment. You may be expected to work on specific tasks outside of the therapy sessions. This homework will be decided by you and your clinician; and it might include thinking about a particular issue, reading some relevant material, writing down a log of feelings or behaviors, or practicing a particular skill. The duration of treatment is different for each person and can be difficult to estimate. Your clinician will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with your clinician. The clinician will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to another professional or other professionals if necessary and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy because the process of working on personal issues can be difficult. Please be aware of this.

Confidentiality:

What you discuss with your clinician is kept confidential, or private, with some exceptions. Any information provided to your clinician regarding a plan or intent to engage in self- harm or harm to another individual will not be confidential and can be used as part of a duty to protect or duty to warn which may include hospitalization.

Furthermore, any information provided to your clinician regarding child abuse, elder abuse, or abuse to a vulnerable adult will be relayed to the proper authorities. Information about you may also be shared with your insurance company should you choose to have your insurance billed for treatment. Additionally, information may be shared at your request if you provide written authorization for this. Sharing information at your request can be discussed with your clinician. The **Notice of Privacy Practices** provides detailed information about how private information about your healthcare is protected and under what circumstances it may be shared.

Fees for Services:

Payments for services, including co-payments and deductibles required by your insurance plan, must be made at the time of each session if you are seeing a clinician in our outpatient office. Those seeing a clinician in a long-term care facility will be billed for services not covered by other means such as insurance. We accept cash and checks. Should your insurance company refuse to remit payment for the services, you will be held responsible for paying the amount in full as allowable by contract.

Cancellation policy:

If you are seeing a clinician in the outpatient office, you will be billed at the full out-of-pocket rate if you miss an appointment without providing at least 24 hours notice. Insurance will not be billed for this, and this will be charged to you.