

## MIND OPENER -- WELCOME TO MY PRACTICE

There follows some essential information about psychotherapy. Please read and sign at the bottom to indicate that you have reviewed this information. If you have questions, I will answer them during our session.

**Length and frequency of treatment:** Psychotherapy typically involves regular sessions, usually forty-five minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs.

**Confidentiality:** Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children or elders are put at risk (such as by sexual or physical abuse or neglect). If I need to discuss your treatment with a colleague, I will take pains to disguise identifying information, including using a pseudonym.

**Fee policies:** My fee for the initial intake session is \$200 and follow up individual therapy session is \$150. If you need to cancel an appointment, please tell me at least twenty-four hours ahead of time; otherwise, I may charge you for the missed session regardless of the reason for cancellation. Please be aware that insurance carriers will not cover cancellation charges.

If you carry mental health insurance coverage, as a courtesy I can also bill your carrier and assist with insurance reimbursement. In many circumstances, the insurance carrier limits the fee charged for the session. You will not be charged for the difference between my ordinary fee and the cap placed by insurance. Any co-payment necessary should be made at the time of the office visit. Unless we make another explicit agreement, you are responsible for filing insurance claims. Although used as a last resort, I may refer your account to a collection agency should you fail to pay or make arrangements to pay on a delinquent account. In the event that your account is not paid and your account is sent to collections, then you agree to be responsible for all costs of collection in addition to doctor's services billed.

**Phone and emergency contact:** If you need to contact me by phone, do not hesitate. When I am not available, my voice mail will take a message. I am usually able to return calls within the day. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. Phone sessions will be indicated as such on receipts and are not generally reimbursed by insurance. If you cannot reach me in an emergency, you can find help at the Emergency Room at your local hospital or by calling 911.

**Physician contact:** Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, I will arrange a referral for medication evaluation.

**Freedom to withdraw:** You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

**Informed consent:** I have read and understood the preceding statements. I have had an opportunity to ask questions about them, and I agree to enter a professional psychotherapy relationship between Dr. Shulman and myself or my child.

**Custody:** I understand that due to my custody agreement, I hold joint legal custody for my child while s/he is a minor. Due to the laws of this state, I am required to have both spouses sign consent for treatment of my child. In the event of an emergency in nature and both holders of custody are unable to sign for treatment, I agree to have both parties sign for treatment within a reasonable and timely manner.

Print Patient / Parent Name	Patient / Parent Signature	Date

Print Mother Name	Mother Signature	Date

Print Father Name	Father Signature	Date