

Seven Oaks Psychology, PLC

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CONSENT FOR SERVICES

Hello, welcome to our practice. This document contains important information about our professional services and business policies. Please carefully read this document and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. The general purpose is to help alleviate the suffering of an individual (or individuals) through psychological treatment by examining and changing unhelpful thoughts, feelings, and behaviors that are contributing to dissatisfaction. It varies depending on the personalities of the psychologist and client, and the particular problems being worked on in treatment. There are different psychotherapeutic methods I may use to help you with the problems that you want to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and between visits. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and worry. On the other hand, psychotherapy has also been shown to have powerful benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and an improved sense of wellbeing. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation phase (typically one to three sessions), I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a significant commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

EVALUATION & PSYCHOTHERAPY SESSIONS

I normally conduct an evaluation that will last from 1-3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your therapy goals. If psychotherapy is begun, there are several options. I typically will schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on. However, depending on the goals and type of treatment, sometimes more frequent visits (two to three times per week) may be recommended. Also, some sessions may be longer depending on the nature of

the problems and types of therapy. All arrangements will be discussed and agreed upon prior to initiating services. You are responsible for coming to your sessions on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next client's session.

PROFESSIONAL FEES

Psychotherapy/Counseling

My hourly fee (45-minutes) for psychotherapy services is \$150, unless otherwise specified and mutually agreed upon. In addition to weekly appointments, I charge this amount for most other services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me (except as noted below).

Psychological Testing/Evaluations

Fees for psychological testing and formal psychological evaluations such as IQ assessments, personality testing and other psychological assessments typically cost \$1500, but could vary based upon complexity and the purpose of the evaluation. Testing fee includes interviews, administration of tests, and interpretation of tests, report writing, and feedback sessions. You will be informed of the costs associated with such an evaluation prior to any such services being rendered. Payment is expected at the beginning of psychological testing.

Forensic/Legal Services

Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding. Additionally, any services rendered as part of a legal proceeding, such as disability hearings, expert witness testimony, or divorce/custody proceedings are billed at the rate of \$250 per hour. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree to other arrangements. Other arrangements include being billed at the end of the month but would be agreed upon first. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.] If your account has not been paid for more than 15 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided (e.g. psychotherapy), and the amount due. No private information regarding the specifics of any treatment will be disclosed.

INSURANCE REIMBURSEMENT

At this time we DO NOT accept insurance as a form of payment for services. Therefore, *all fees are expected to be paid in full at the time the service is rendered.* Some insurance policies include coverage for “out of network” care. If so, I will provide you with any necessary documents, forms, or other information needed for you to submit to your insurance company for possible reimbursement. However, please be aware that most insurance companies require you to obtain prior authorization for mental health services and may not reimburse for services they have not authorized. Additionally, most insurance providers require me to provide them with a clinical diagnosis in order for you to receive reimbursement. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. I will not release any information to your insurance company without your consent. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

CONTACTING US

I am often not immediately available by telephone, but you may leave a voicemail message at any time. Please keep in mind that I will not answer the phone when I am with a client. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I typically return calls between 4:00-7:00pm. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, crisis center, call 911, or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. For non-urgent communication you may also contact me through email at www.info@sevenoakspsychology.com but be aware that I may not check this email account until later in the evening, so please call if you are cancelling an appointment or otherwise need to speak with me in a timely fashion.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice or provide you with a summary. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Clients will be charged an appropriate fee for any time spent in preparing information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. Outside of emergency situations, we cannot provide services to a minor without a consenting adult's permission. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them

only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern, but I will discuss this with the adolescent. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information to an outside party about our work with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it through a court order or subpoena. In this case I may have to release records to the court. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child/minor, elderly person, or disabled person is being abused or neglected, I am required to file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to self or another person, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations occur infrequently. If a situation like this occurs, I will make every effort to fully discuss it with you before taking any action. In order to provide optimal care, I may consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you, but if you require formal legal advice I recommend speaking with an attorney because the laws governing confidentiality are quite complex and I am not an attorney.

CANCELLATIONS AND MISSED APPOINTMENTS

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. My voicemail has a time and date stamp which will keep track of time of cancellation. Please understand that this appointment time has been reserved for you and it is very likely that another client would have liked to have had that appointment had they known it was available. I cannot keep my practice viable if I do not enforce this policy. Therefore, if you miss an appointment or fail to provide 24 hours advance notice as outlined in this section you must pay for the missed appointment at your next visit or additional appointments will not be scheduled. Conversely, if I am unable to attend a scheduled appointment and fail to provide you with 24 hours notice, then you will not be charged for your next session. [The same emergency exception applies for me for circumstances out of my control].

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

CLIENT CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to the use of a diagnosis in billing when required. I agree to pay the fee of \$150.00 per session, unless otherwise specified and mutually agreed upon. I understand my rights and responsibilities as a client, and my psychologist's responsibilities to me.

I agree to undertake therapy with one of the licensed psychologists with Seven Oaks Psychology, PLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my psychologist. I am over the age of eighteen and have legal authority to sign this agreement.

Signature of Client

Date

Printed Name of Client

Name of Treatment Provider/Signature of Provider