INSIGHTS COLLABORATIVE THERAPY GROUP
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OFFICE SERVICES AND POLICIES
AND STATEMENT OF INFORMED CONSENT

SERVICES. Services include psychotherapy and evaluation for individuals, couples, and families for adults, adolescents, and children. I will discuss your diagnosis and treatment goals with you. Therapy is a joint effort between the therapist and the patient, the results of which cannot be guaranteed as progress depends on many factors including, but not limited to, motivation, effort, and other life circumstances such as interactions with family, friends, and other associates. In undertaking therapy there are potential negative effects which include, but are not limited to, increased stress in relationships and emotional distress. Additionally, certain techniques, e.g., hypnotic techniques, may include legal and therapeutic implications for the patient. Implications or potential negative effects of a particular therapeutic technique may be discussed at any time with me. An evaluation for purposes of disputed custody matters is distinct from therapy. If your purpose in seeking therapy or consultation involves issues related to child custody matters, this should be made known to me immediately

CONFIDENTIALITY: Information you share with me is confidential. All Insights therapists and office staff are bound by these rules of confidentiality. However, there are limits to that confidentiality. Mental health professionals are required by law to notify appropriate authorities if you are believed to be a danger to yourself or others, or if you are a minor, elderly, or disabled and your therapist believes you are a victim of abuse, or if a child is suspected to have been physically or sexually abused by you. Additionally, I am required by law to report sexual abuse by another mental health professional to authorities and appropriate licensing boards. Confidential information may also be required to be made available by court order in disputed custody or other legal matters. Insights was created specifically to offer a collaborative team approach to every client's case. Insights closes the office for about two hours once a week to spend time together as therapists to discuss and collaborate on cases, including yours. Additionally, I may consult about your case with another professional from time to time, but without disclosing your identity. If you file for insurance for reimbursement of fees for therapy services, the insurance company will require basic information pertaining to identifying data, diagnosis, symptoms, general functioning, prognosis, and progress. Other than the above described situations, information about you will not be released without your additional written consent. Information will not be released from conjoint or family therapy files without written consent of all adult parties. When spouses or other couples are seen conjointly for therapy or in family therapy, I will not testify in behalf of either spouse in the event of litigation between the spouses (e.g., civil litigation including, but not limited to, divorce or disputed custody matters), and you agree not to ask me to do so. You should also understand that messages that are delivered by email are not confidential as you might expect the U.S. mail to be. While unlikely, your email messages may be read by others while en route through the internet to or from your therapist.

SESSIONS: Our sessions are normally 50 minutes, although sometimes longer sessions are appropriate. Together we will decide how often you should come to therapy. Sessions are by appointment only and are scheduled at the end of each session or by calling the Insights office. Sessions are scheduled during weekday and evening hours, and may also be made on weekends. If you need to cancel an appointment, please inform me or the Insights office at least 24 hours before your appointment. **You will be billed for missed or canceled sessions unless you notify me or Insights at least 24 hours in advance to cancel or reschedule the session**. (Exceptions may be made in emergency situations.) Insurance will not pay for missed sessions.

FEES AND PAYMENT: Each 50-minute session (whether diagnostic, testing, or individual, conjoint and family therapy sessions) costs $195. Longer sessions are charged at an additional rate of $50 per 15-minute increment. (Insurance will generally not cover such extended sessions.)

Telephone consultation time will be charged at $50 per 15-minute increment. Telephone consultation will be considered as any conversation with me other than conversation pertaining to scheduling. Generally scheduling problems can be worked out by the Insights office secretary. You are responsible to pay these fees, which will not be reimbursed by your insurance.

If I am asked or required to devote non-session time to your case, you agree to pay me $195 per hour (prorated in 15-minute increments) for that additional time, plus any reasonable related legal fees and expenses. Out-of-office time is calculated from the time of leaving to the time of returning to the office. Examples of non-session time include offsite visits to a school or other locations for observation or consultation, consultation with third parties, and document and report writing and reading. I may require an advance deposit for these fees and expenses. You are responsible to pay these fees, which will not be reimbursed by your insurance.

If I am asked or required to testify about you or your treatment in court or at a deposition, you are responsible for to pay for preparation time and for out-of-office time for travel and court and depositions, even if you are not the person that sought my testimony. Out-of-office time is calculated from the time of leaving to the time of returning to the office. Fees for preparation time and for out-of-office time for court and depositions and travel are charged at $200 per hour, with a minimum fee of $800. If I am required to be available into the afternoon for either court or deposition testimony, a full day fee of $1,800 is required. A deposit of $1,800 is required a week before the scheduled testimony. If only a half day or less is required, the balance of $800 will be refunded to you or credited to your credit card. You will be responsible to pay these fees as they will not be reimbursed by your insurance.

You are responsible to pay all fees. Unless you and I make other arrangements, session fees are due at the end of each session; telephone consultation fees and billable non-session charges are due when performed; and court, deposition and related fees are due as described in the preceding paragraph. In many cases, insurance will reimburse you for all or part of the session fees. I do not file insurance claims for you; you must do this on your own. However, I will provide you appropriate documentation for you to give your insurance company.

In order that your session and office procedures may flow smoothly, please have your check made out before your session. Returned checks are subject to a $25 service charge. Various major credit cards are accepted as means of payment. For fees which you do not pay by check or in cash, you authorize Insights to charge those fees (plus an administrative charge of 4%) using the credit/debit card information you provide to Insights.

All fees are subject to periodic adjustment on notice to you.

EMERGENCIES: If you need to speak to me in case of emergency (life-threatening or other urgent issue requiring immediate action) and I do not return your call quickly, you should immediately contact 911, your physician, your local emergency room, the local police department or a crisis hotline (e.g., Suicide & Crisis Center Hotline, 214/828-1000 or Contact Counseling & Crisis Line 972/233- 2233). Please do not leave emergency messages on voicemail or by email. It is your responsibility to seek appropriate resources in emergency situations. Insights is not a crisis center; neither Insights nor I will be held responsible for any damages occurring as a result of unmet crisis or acute care. In case of emergency, Insights is authorized (but not required) to discuss your emergency situation with the Emergency Contact in your New Client Information form.

TERMINATION: Normally we will terminate therapy by mutual agreement. You have the right to terminate therapy at any time. As our therapy proceeds, I will assess the continued benefit of your therapy with me. I do not continue to treat clients who are not benefitting from therapy or those who believe I am unable to help. I will discuss this with you and, if appropriate, terminate treatment. In case of termination, I will provide you referrals to other therapists who may be of help to you. If you request it and authorize it in writing, I will consult with the therapist you select to assist in your transition. If you miss two consecutive scheduled sessions, you will be considered to have terminated therapy. Additionally, if you do not reschedule an

appointment within sixty days of our last therapy session, you will be considered to have terminated therapy. Patients returning for therapy after termination of therapy will be considered to be opening a new case for purpose of therapy.

If your account is delinquent for more than sixty days, I may refer you to a community agency or program to continue needed services. A delinquent account may also be turned over to an agency for collection. The agency will be given only your name, identifying information, and amount owed, but will not be provided other information about your case. In such a case, the collection agency may contact you in seeking payment for services rendered to you.

CONSENT TO TREAT: You have voluntarily agreed to receive mental health assessment, care, or treatment from me, and you consent to and authorize me to provide such assessment, care, or treatment in the manner I consider necessary and advisable. You agree to participate in the planning of your care and treatment; you may stop care or treatment at any time.

BY SIGNING THIS OFFICE SERVICES AND POLICIES AND STATEMENT OF INFORMED CONSENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD IT, THAT YOU AGREE TO COMPLY WITH ALL THE TERMS AND INFORMATION CONTAINED IN IT, THAT YOU GIVE YOUR INFORMED CONSENT TO PARTICIPATE IN COUNSELING OR THERAPY WITH DR. BALDRIDGE, AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEEK CLARIFICATION OF ANYTHING UNCLEAR TO YOU.

_____ _____

Date Signature

CONJOINT THERAPY

If individuals are being seen for conjoint therapy, each must sign below confirming that they each understand and agree to comply with office policies pertaining to therapy of couples and/or families as well as other office policies.

_____ _____

Date Signature

_____ _____

Date Signature

THERAPY OR COUNSELING FOR MINORS

If a child is being seen for therapy each parent with legal rights and responsibilities pertaining to the child must sign below. Your signature represents your informed acknowledgment of these Office Services and Polices and informed consent for the provision of therapy and/or counseling services to your minor child.

_____ _____

Date Signature

_____ _____

Date Signature