

# In Focus Counseling

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## PSYCHOTHERAPIST-PATIENT SERVICES INFORMATION

Welcome to our practice. This document contains important information about our professional services. The law requires that we obtain your signature acknowledging that we have provided you with this information.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope 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 at home.

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 helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. 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, we 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 us. If you have questions about our procedures, we should discuss them whenever they arise. We will be happy to help you set up a meeting with another mental health professional for a second opinion.

### LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and HIPAA (**H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct). There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities as follows:

- You should be aware that we practice with other mental health professionals and that we employ administrative staff. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- If a patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the Psychologist-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
- If a patient files a worker's compensation claim and we have treated him/her for any condition reasonably related to the condition for which the claimant claims compensation, we may be required to disclose information, upon appropriate request, to the patient's employer.

There are some situations in which we are legally obligated to take actions which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a patient's treatment:

- If we have reason to believe a child we have seen has been abused or neglected or has been threatened with abuse or neglect that we believe is likely to occur, the law requires that we file a report with the appropriate governmental agency, usually the appropriate county department or child welfare agency. Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe or suspect that abuse, material abuse or neglect of an elder adult has occurred, the law allows us to file a report with the appropriate government agency, usually the appropriate county agency or the long-term care ombudsman's office. Once such a report is filed, we may be required to provide additional information.
- If we believe that a patient presents a foreseeable risk of harm to another, we may have to take protective actions including notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary.

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 now or in the future. The laws governing confidentiality can be quite complex, and none of us is an attorney. In situations where specific advice is required, formal legal advice may be needed.

## **MINORS and PARENTS**

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records unless we decide that such access is likely to injure the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization unless the therapist feels the child is in danger or is a danger to someone else, in which case, the therapist will notify the parents of his/her concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

## **PATIENTS RIGHTS**

All persons receiving services at Psychological Services are guaranteed certain rights:

1. You have the right to expect prompt, competent and professional assessment and treatment services.
2. You have the right to understand and give informed consent to all assessment and treatment services.
3. You have the right to refuse any recommended assessment or treatment service at any time.
4. You have the right to discuss your assessment or treatment plan at any point in your program that you may have questions.
5. You have the right to understand and give informed consent to the use of any medication recommended by a psychiatrist.
6. You have the right to refuse any medication or change in medication recommended by a psychiatrist.
7. You have the right to have records of your assessment and/or treatment services kept confidential. (Except in certain unusual circumstances specified by law, no information about you can be released without your signed consent.)
8. No session may be tape recorded or otherwise observed without your prior consent.
9. You have the right to discontinue services at any time.
10. If at any time you feel dissatisfied or feel your rights have been violated in any way, you may follow the following grievance procedure:
  - ◆ Discuss your concerns with your therapist or doctor.
  - ◆ If still not satisfied, with an appointment, discuss your concerns with the therapist's supervisor.
  - ◆ If still not satisfied, with an appointment, discuss your concerns with the medical director and/or clinic director.

11. You may gain access to your records if you deem it necessary by complying with the following procedure:

- ◆ Discuss with your therapist.
- ◆ Request access in writing to the clinic director.
- ◆ Arrange a time in advance to review your record in the presence of the clinic director.

As with any legitimate grievance or perceived violation of your rights, you may access to courts for legal action if our procedures prove unsatisfactory to you.

These rights are presented to you to insure your understanding of our intent to provide the best competent and professional services possible. We hope to serve you in a spirit of mutual cooperation for your benefit. If you understand your rights and our intentions, please sign and date the following statement:

I understand my rights as presented above and agree to receive services at Psychological Services in a spirit of mutual cooperation..

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Acknowledgment was unable to be obtained. Reason \_\_\_\_\_

\_\_\_\_\_  
(staff signature)

\_\_\_\_\_  
(date)