

Dr. Cynthia Edwards-Hawver, Psy.D. And Associates, LLC
Dr. Cynthia Edwards-Hawver, Psy.D.
Susan Giampapa, LCSW
Jean Decker, LSW
Justine Beneski, MA, NCC

400 South State Street
Clarks Summit, PA 18411
www.drcynthiahawver.com
Phone: 570-575-3765
Fax: 570-587-1747

INFORMED CONSENT FORM

Welcome. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you may have so you can discuss this with your therapist during your initial intake. When you sign this document, it will represent a professional agreement between you and your therapist.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the patient, and the particular problems you bring forward. There are many different methods that we may use to help you with your problems that you wish may to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be effective, you will have to work on things discussed in session and between sessions.

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 benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Please remember due to the nature of psychotherapy, there is no guarantee of what you will experience or that you will actually improve.

During your first few sessions, an evaluation of your needs will take place. By the end of the evaluation, we will be able to offer you some first impressions of what it seems like the focus of the therapeutic work should be. This is also a time for you to ask questions and state your needs about what you want to receive out of therapy. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you should have any questions about your therapist, please ask because we are comfortable discussing this with you. If you do not feel comfortable in working with the therapist you were assigned to, we are happy to refer you to a different therapist within the practice (based on availability and your presenting issue) or we will

refer you to another mental health professional in the community that may be a better fit for you.

THEORETICAL ORIENTATION

All of us at Dr. Cynthia Edwards-Hawver, Psy.D. And Associates, work from an eclectic based model of therapy. This means that we draw on techniques from many different therapies such as psychodynamic, humanistic, cognitive-behavioral, interpersonal, and positive psychotherapy. We believe that each person is unique and we try to tailor our therapy to meet your needs and not the other way around. If you should have any questions about your therapist's theoretical orientation, please bring this up during your session.

MEETINGS

Therapy usually begins on a weekly or biweekly basis, based on the level of treatment you require. Usually in the beginning of treatment, weekly sessions are needed. Each session will run **45 minutes to 55 minutes**, which is based on what insurance coverage you have. Some insurance companies will only authorize a 45-minute session, while others will authorize a 55-minute session. You will be informed of this during your initial evaluation. Sessions need to end on time since we are required by insurance companies to complete therapy notes and time is needed to do this. Please try to be timely for your appointment since the session still needs to end after 45 or 55 minutes.

PROFESSIONAL FEES/BILLING/CANCELLATION POLICY

Unlike physician and dental offices, we only schedule one person per hour. This is a time that is specifically set aside for you and we can not fill that spot with someone else if you do not show up or cancel at the last minute. Just like any other service industry, we are paid for our services and our time.

Once an appointment is scheduled, you will be expected to pay for the appointment unless you provide at least 24 hours notice of cancellation. You will be expected to pay the full session fee if this occurs. This can range from \$70 dollars to \$155, depending on your insurance you have and what the normal reimbursement rate is for a session. Obviously there are circumstances in which you cannot provide advance notice such as being sick or having an emergency; in this case you will not be required to pay the cancellation/no-show fee. However, if you continually cancel, do not show up for your appointment, or change your appointment time, we reserve the right to discontinue services. In this case we will provide you with a referral to another therapist in the community.

If you are using insurance please be aware that with the new health insurance act, people have changing deductibles and co-payments, so it is your responsibility to be aware of what your insurance plan pays for your mental health treatment BEFORE your first session. If you have not met your deductible, you will be required to pay \$160.00 per session until your deductible is paid off. This is Dr. Edwards-Hawver's standard rate that

she bills insurance companies (regardless of reimbursement rate received), so we need to keep a standard rate across the board within the practice. So if you have a \$1000 deductible, then you would pay \$160.00 at each session until that \$1000.00 deductible is met. Once you meet your deductible, you will only be responsible for a co-payment if you should have one. We accept cash or personal checks and payment is due at the time of your visit. If you have any questions about this, please bring this up with your therapist prior to your first visit or during your initial evaluation.

If our professional services are required beyond your standard therapy session, the hourly cost will be broken down for you to pay. Insurance companies do not pay for additional time outside of the therapeutic session. Examples of services that may need to be charged for include report writing, telephone conversations, emails, text messages, attendance at meetings with other professionals you have authorized, talking to other professionals to coordinate care, making copies of your records, sending your records, and/or preparing treatment summaries. If you become involved in legal proceedings that require participation or preparation, you will be required to pay \$250.00 per hour for preparation and attendance at any legal proceeding. This is due to the high stress nature of any forensic involvement, therefore, we need to be compensated accordingly.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we 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 in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Please know that if it comes to this, I am allowed to release your name and identifying information to collect any unpaid debt.

SPECIAL ISSUES WITH USING INSURANCE

You should be aware that most insurance companies require me a clinical diagnosis to cover services. If after completing the initial intake, you do not have a DSM-IV diagnosis, it is possible that your insurance may not pay for the intake. This is a very rare occurrence, however, if this were to happen, you would be responsible for paying for the session out-of-pocket.

Some insurance companies require additional clinical information such as treatment plans, summaries, or copies of your entire record. If this happens, you need to be aware that this information will become part of the insurance company files and will probably be stored in their computer database. Though insurance companies claim to keep such information confidential, we have no control over what they do with the information once it is in their hands. We want you to be clearly informed on this since insurance companies (since paying for your treatment) will sometimes request confidential information be released to them, despite our attempts to keep your information private.

Dr. Cynthia Edwards-Hawver, Psy.D. And Associates utilizes a confidential billing service that is HIPPA compliant (Mental Health Billing Services, LLC). If you need to

use insurance for my services, please be aware that we may need to release psychological information that is necessary to process your insurance claim. As stated previously, you will be personally responsible for any amount denied or any remaining amount owed for services partially covered by your third-party payer/insurer.

ENDING TREATMENT

Due to the nature of the therapeutic relationship, it can often be difficult for the relationship to come to an end. However, unlike a friendship, the therapeutic relationship is a professional relationship that does have a beginning and an end. Sometimes people find it difficult to discontinue coming to therapy, however, if therapeutic work is not taking place during the session, it is usually time to end treatment. We reserve the right to end therapy if we feel we are no longer being effective in treating you. Please know that this will be discussed with you prior to ending treatment. Sometimes a therapeutic relationship reaches a stand still where no more work can be offered on the part of the therapist. If your therapist feels they no longer are being effective in treating you, and you still want to remain in therapy, a referral source to another therapist will be provided to you. Most times, it is our experience that both the therapist and the client agree that therapy has come to an end, and the problems you came in with have been worked through. It is impossible to predict how long someone will need services and this can vary greatly. Some people have attended therapy for a few weeks and others have attended several years.

PROFESSIONAL RECORDS

The laws and standards of our profession require us to keep treatment records. You are entitled to receive a copy of the records, unless we believe that seeing them would be emotionally damaging. If this were the case, we will sit down with you and explain your notes to you or we will be happy to send them to another mental health professional of your choice so they can go over them with you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers.

In Pennsylvania, if you are 14 years or older, you can consent for your own mental health treatment. As a result, if you are over 14 years of age, your information will not be released without your written consent. However, with this being said, please review the Confidentiality section of this consent form to understand the reasons where we would have to break confidentiality.

If you are under the age of 14, please be aware that Pennsylvania State Law allows your parents/legal guardian the right to examine your treatment records. It is our policy to request an agreement from parents/legal guardians that they agree to give up access to your records, so that you can feel safe and comfortable in the therapeutic relationship.

CONFIDENTIALITY

Under most circumstances all communication between the patient and the therapist is confidential. There are some situations in which we are legally obligated to take action and break confidentiality. These situations are as follows:

- 1) If a child, elderly person, or disabled person is being abused
- 2) If the patient is suicidal
- 3) If the patient threatens serious harm to another person, group, or agency
- 4) If a case goes to court and I we are forced by law to release the patient's records

These situations are not common, however, if they do occur we will make every effort to fully discuss this with you before taking any action.

My practice utilizes case consultation and supervision with other colleagues. In these cases, identifying information will not be used so as to protect your privacy.

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

Patient Name _____

Patient Signature _____

Date _____

If child is under 14 years of age, parent consent signature needed below

Parent Name Printed _____

Parent Signature _____

Date _____