

Rebecca S. Harvey, Psy.D.  
Licensed Psychologist  
Lic: TX36035

### **Informed Consent and Authorization for Psychotherapy**

Relationships tend to bring out our personal issues. The relationship between you and your therapist is designed to do exactly this; your problems and difficulties will be explored in the context of the therapeutic relationship. While I am trained in several different orientations and styles of therapy, I most frequently use a combination of existential psychotherapy and a neurobiology-based mindfulness approach. Should you choose to begin therapy, a positive outcome then becomes our mutual responsibility.

Your agreement is to trust in and commit to the treatment process. My agreement and commitment to you is to address your concerns and questions while treating you with respect, compassion and understanding. The goal of therapy is to help you move closer to your goals, even as they develop or evolve in treatment. This may include finding greater peace and awareness of your thoughts, feelings, actions, and beliefs.

In addition to the therapeutic process, therapy involves a professional arrangement, regulated by laws, ethics, your rights as a client, and my standard business practices.

Paying for therapy is often a very sensitive topic, and we can discuss your concerns about payment as needed. This section clarifies all fees, and defines your financial responsibilities.

#### **PAYMENT PRACTICES**

1. The fee for the initial "intake" session is \$215, as session requires more work outside of our face-to-face time. Unless otherwise established, the standard fee for sessions going forward is \$185.00 per (53 minute) individual session and \$280.00 per (80 minute) couples therapy session, payable following each session. A \$35.00 returned-check fee will be applied to any insufficiently funded checks.

2. Canceling or rescheduling appointments requires a **(24) hour notice by telephone** to avoid having to pay the entire fee for a missed session. (No e-mail please—I do not typically have time to check email during my work day). **If you typically file through insurance, please note that a missed session cannot be billed to your insurance. Therefore, cancellations of less than 24 hours will result you paying out of pocket the full standard fee of \$185-215.**

**Total Wellness Consultants**  
**Dr. Rebecca S. Harvey**

6060 N. Central Expressway  
Suite 460  
Dallas, Texas 75206

3. For reasons we can discuss, I do not get involved in determining what constitutes an "emergency" in your life and normally, payment for last minute cancellations is required. **If you miss a scheduled appointment twice, you will be required to place a credit card on file to cover the cost of any subsequently missed sessions. Additionally, habitually missed sessions may result in the need to terminate our therapeutic relationship.**

4. Written reports of any type are billed to you at \$300.00/hr.

5. Telephone conversations between us, for any reason, in excess of (15) minutes per day may be billed as a partial therapy session and be billed to you in proportion to your hourly fee.

6. I do not involve myself in legal proceedings under voluntary circumstances. This includes custody matters. If you become involved in legal proceedings that require my participation, this is not covered by insurance and due to the difficulties of legal involvement is billable to you at \$350.00/hr (with a minimum of three hours). This fee is for all of my professional time, including preparation, report writing and transportation as well as the entire time spent away from the office. **This applies even if I am called to participate by another party.** I must plan in advance to be away from the office and cancel existing appointments. Thus, I require a retainer of \$1000 and in the event of cancellation, I require 48 hours advance notice. If 48 hour notice is not given, this will result in your forfeiting the retainer fee.

BCBS INSURANCE CLIENTS:

7. While I make my best attempt to keep up with benefit verification and benefit changes, I cannot keep up with all changes to your insurance benefits, due to the volume of clients I maintain. Paying your insurance premium and paying copay to this provider does not guarantee your insurance benefits will pay your claim. Please note:

- Benefit verification obtained by this provider does not guarantee payment by your insurance company (this is the standard disclaimer of insurance companies).
- **It is your responsibility to be aware of your insurance benefits as you are responsible for payment if your insurance company does not pay your claim.**

8. I cannot bill your insurance for time you are not here. Per our arrangement that time has been reserved by you. **If you arrive later than 15 minutes past your appointment time, a fee of \$50 will be charged, in addition to your copay for the session, to cover the difference of the time I cannot ethically bill to your insurance company.**

Your initials here agreeing to the 'Payment of Fees': \_\_\_\_\_

**CONFIDENTIALITY LIMITS AND EXCEPTIONS**

1. Normally, everything we discuss will be held confidential. Unless you provide authorization, I will not speak to or correspond with anyone about you.
2. If you choose to break confidentiality in any way (i.e., sending me an e-mail, applying for insurance reimbursement, telling anyone about your therapy, use an analog cell-phone) I cannot control, or be held liable for the outcome.
3. Texas law and professional ethics either mandate or permit therapists to break client confidentiality under certain circumstances. Some 'exceptions to confidentiality' include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now:
  - you or your child present a danger to self or others
  - a child or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering
  - a dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse, or neglectNote that the preceding is a sample, and not a complete list of exceptions to confidentiality. This will be outlined during our first session.

Your initials here agreeing to 'Confidentiality Limits & Exceptions': \_\_\_\_\_

**LIMITS OF COMMUNICATION**

1. Every effort will be made to assist you, especially during crisis. However, there may be times when contacting you won't be possible. Therefore you must agree to first call 911 or go to the nearest hospital Emergency Room for assistance, any time you suspect you are in crisis.
2. As a standard business practices, each appointment ends 53 minutes from the scheduled start of the appointment, regardless of your arrival time. I am not able to extend sessions since appointments begin on the hour.
3. Correspondence sent to this office is retrieved at random, and several days may go by before mail is retrieved. My office hours vary randomly from day to day, and normally no one is available to sign for deliveries.
4. I do not use a pager. Calls are retrieved from my voice mail at (714) 679-6111 several times during the day (M-F) at random intervals.
5. At times, my other work settings (i.e. hospitals) do not permit me to receive or place telephone calls. Your 'Caller ID' or 'Call-Blocking' may also prevent my return calls from these or any other location. Please leave your phone number in your voice

message.

6. If necessary, my voice-mail will provide the name and telephone number of a colleague who you can call for assistance when I am not available.

7. For a variety of reasons that we can discuss, I do not connect with clients on social media websites. This includes LinkedIn, Twitter, Facebook, Instagram and all other social networking sites.

**Your initials here agreeing to 'Limits of Communications': \_\_\_\_\_**

**TREATMENT TERMINATION**

1. If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include:

- You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you will be asked to attend a final 'termination' session.
- Professional ethics mandate that treatment continue only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before I can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment.
- Other legal or ethical circumstances may arise and compel me to terminate treatment. In these cases appropriate referral(s) will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies.
- Other situations that warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions; multiple missed appointments.

**Your initials here agreeing with 'Treatment Termination' conditions: \_\_\_\_\_**

**OFFICE ENVIRONMENT**

Please do not use cell-phones or other electronic devices in the waiting area.

**AUTHORIZATION TO COMMENCE PSYCHOTHERAPY**

• Your signature below will verify that you have read (or that I have read to you) the information in this authorization and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge your willingness to undergo treatment using psychotherapy methods, as I deem appropriate and in accordance with this 'Informed Consent.'

• You also agree to enter into a professional business arrangement according to all business practices outlined in this agreement. You accept total financial responsibility for payment of all fees and services as described, regardless of insurance coverage or any other 'third- party' payers.

• You will also be releasing me of any liability that directly or indirectly results from disclosure or exchange of any information covered in this agreement. At your request, a copy of this and any other document in your record that bears your signature will be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date