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**Licensed Psychologist**

**C.Q. PSYCHOLOGICAL**

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***INFORMED CONSENT FOR TREATMENT  
& OUTPATIENT SERVICES CONTRACT***

Welcome to C.Q. Psychological. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

**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 hope to address. There are many different methods I may use to deal with the problems you wish 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 discuss both during our sessions and at home.

Psychotherapy can have benefits and risks. Because 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 make it a priority in their lives. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, 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 about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, please discuss them with me 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.

### **Meetings**

Intake evaluations typically last between two to four 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 treatment goals. If we agree to begin psychotherapy, sessions are typically scheduled once per week at an agreed upon time. As treatment nears conclusion or we otherwise agree, you may choose to meet less frequently. Most sessions will last about 55-minutes; however, some insurance companies limit sessions to 45-minutes in length. **Once an appointment hour has been 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).**

### **Professional Fees**

Fees are based on the kind of therapy conducted, as well as length. Initial Diagnostic Evaluations (your first session) are charged at a rate of \$250/hr. Subsequent Individual Therapy sessions are charged at a rate of \$200/hr. In addition to weekly appointments, the same hourly rate is charged for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15-minutes,

attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$400/hr. for professional services I am asked or required to perform in relation to your legal matter. I also charge copying fees as established by the State of Washington for records requests.

**If you either miss your appointment time or cancel your appointment within 24-hours of your appointment, you will incur a charge of 1/2 of your billable rate; typically that will be \$100/hr. If you are using insurance, missed appointment fees cannot be billed to your insurance carrier and **you will be responsible for these costs.****

### **Billing and Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement (most commonly that is related to deductibles or co-insurance). Payment schedules for other professional services will be agreed to when such services are requested. If you are using insurance to pay for your sessions and your plan requires a co-pay I will collect it at the end of the appointment. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If you feel that you may meet the unusual financial hardship criteria, I recommend that you bring it to my attention at the earliest time during one of our sessions so that we may discuss it.

If your account has not been paid for more than 60 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 will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

### **Insurance Reimbursement**

In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, I am willing to call the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will try to assist you in finding another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. On occasion, I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. 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 records I submit, if you request it. *You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.*

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by your insurance contract.

### **Contacting Dr. Quisenberry**

I maintain business hours between 9AM -7PM Monday through Thursday, though I may not always be available during that time if I am with a patient. When I am unavailable, my telephone is answered by secure voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If for some reason you are unable to reach me and feel that you cannot wait for me to return your call, please consider contacting your family physician, calling 9-1-1, the Cowlitz County Response Team at (360) 425-6064, or going to the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague who can be reached in the event of an emergency in my absence.

## **Electronic Communication Policy**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with me.

### ***Email Communications***

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure method to communicate. If you need to discuss a clinical matter, please feel free to call me so we can discuss it on the phone or wait until we can discuss it during your therapy session. I prefer to utilize the phone or face-to-face communication because it is more secure.

### ***Text Messaging***

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me.

### ***Social Media***

I do not communicate with, or contact, any of my patients through social media platforms like Twitter, Facebook, Snapchat, Instagram, etc. Any

accidental social media communication and/or connections will be terminated immediately upon discovery. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks but I do not engage in them in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with patients online have a high potential to compromise our professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental to protect your confidentiality.

### *Websites*

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

### *Web Searches*

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I recognize that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for patients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can

discuss it and its potential impact on your therapy. I would appreciate it if you did not rate my work with you while we are in treatment together on any of these websites because it has a significant potential to damage our ability to work together.

### **Professional Records**

The laws, standards, and ethics of psychology require that I maintain treatment records. You are entitled to receive a copy of your records, or a summary of your records can be produced, upon your request. Because these are professional records that are designed to be reviewed by my peers, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence, so that we can discuss the contents and any questions you may have. Patients will be charged an hourly fee for any professional time spent responding to information requests that take longer than 15 minutes.

### **Confidentiality**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, 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 legal proceedings, a judge may order my testimony if he/she determines that the issues demand it. If that should occur I must comply with that court order.

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 patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or has been abused, I am required to make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the

potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm herself/himself, I may be obligated to seek hospitalization for her/him or to contact family members or others who can help provide protection. These situations rarely occur but I take these responsibilities very seriously. If such a situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and may require legal interpretation by an attorney.

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 (Printed) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_