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# Adult Consent for Outpatient Services

Thank you for choosing to enter treatment and for entrusting your mental health care to me. This document contains important information about my professional services, confidentiality, and office/ business policies. Please read the document carefully and jot down any questions you might have so that we can discuss your questions either prior to the initial meeting or at the initial meeting.

# When you sign this document, it will represent an agreement between us (Client/Therapist).

# **COUNSELING SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. However, general goals of therapy are often to help a client cope more effectively with problems in daily living, and to deal with inner conflicts that may disrupt one's ability to function effectively. There are many different methods I may use to deal with the concerns that you hope to address.

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part, including working with your therapist to outline goals and assess your progress. An individual's progress in therapy is related to the work that is done collaboratively during your session, as well as that which is done between appointments.

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 actively engage in the process.

Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, although the experience is different for each participant. Our first session will involve an evaluation of your needs. By the end of that process, 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 of whether you feel comfortable working with me.

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

I normally conduct an initial diagnostic assessment, via clinical interview, during the first session. 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 psychotherapy is initiated, I usually schedule 45-50 minute sessions for family therapy and 53-60 minute sessions for individual therapy. Patients are generally seen on a bi-weekly basis, or more/less frequently as acuity dictates, and we agree. I also provide Telehealth sessions. I use a HIPPA compliant platform, TherapyNotes.

# **CANCELLATION POLICY**

Most days, there is a waiting list of patients who are eager to set up an appointment as soon as possible. As such, it is important to keep your appointment for the time it was scheduled. Appointments that are cancelled more than 24 hours in advance will not be charged a cancellation fee. Appointments that are cancelled less than 24 hours in advance will be charged for the session (\$135). Cancellations within 24 hours makes it very difficult to fill the time slot and insurance cannot be billed. This policy is the same for Telehealth sessions.

# **PROFESSIONAL FEES**

Out-of-network: If I do not accept your insurance, I can still provide my services as an out of network provider. In that case, my fee \$135 for a 53-60 minute session.

Insurance: Co-pay is required for each psychotherapy session at the time of service. A \$10.00 charge will be applied to all copays not paid at the time of service. I accept cash, personal check, Venmo, MasterCard and Visa.

Checks should be made payable to Aimee O'Keefe, LCSW-R. There will be a \$35.00 fee for all returned checks. If a check is returned for insufficient funds, your account balance needs to be paid in full, including returned check fee, in order to schedule future appointments.

# **BILLING AND PAYMENTS**

You will be expected to pay for each psychotherapy session at the time of service, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Balance will need to be paid in order to make another appointment.

# **COMMUNICATION**

I am often not immediately available by telephone. When I am unavailable, the office telephone is answered by voicemail. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

# Please do not leave an urgent message on my voicemail or email. If you have an emergency, please call 911 or go to your local Emergency Room.

**EMERGENCY NUMBERS: 9-1-1** 

Mobile Crisis: 518-292-5499 or 518-549-6500

National Suicide and Crisis Lifeline: Telephone: 988 or text SMS 988

# **ELECTRONIC COMMUNICATIONS**

Various types of electronic communications are 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.

# **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 scheduling and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter, please call me and we can schedule an in person or a virtual session.

# **Text Messaging**

Text messaging is used to schedule appointments. Clinical concerns are not discussed over text.

# Social Media

I do not communicate with clients through social media platforms.

# PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. I use a HIPPA compliant platform called TherapyNotes. You are entitled to receive a copy of your records. Since these are professional records, 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 during a session so that we can discuss the contents.

# **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission.

There are a few exceptions. In some legal proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. However, I do not conduct child custody evaluations nor do I involve myself in related legal proceedings.

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 client's treatment. For example, if I believe that a child is being abused, I must file a report with the appropriate state agency. If I believe that a client 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 client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection

# TERMINATION POLICY

If the client and therapist have different personal values and the relationship is not a good fit then the therapist and/or client can terminate the counseling relationship.

When a client successfully achieves their goals.

If the therapist determines that the client is not benefiting from therapy (not actively participating or is non-compliant).

If the therapist is unable to meet the client's needs. The therapist will refer the client to a different provider.

If the client does not show up for two scheduled appointments.

If a client has an outstanding balance and payment arrangements are not made with the therapist. Fees are expected to be paid at the scheduled session.

# STATEMENT OF RELEASE BY PATIENT TO INSURANCE COMPANY

*I request that payment of authorized* insurance benefits be made on my behalf to Aimee O'Keefe, LCSW-R for psychotherapy treatment.

I understand that I am responsible for any unpaid balances not covered by my insurance, and that all copays and/or deductibles are due on the day of service.

I understand that my right to privacy will be, at all times, protected. I have been provided access to a copy of the Notice of Privacy Practices, which outlines these rights.

I agree to this consent.

**Client Signature** 

Date

Therapist Signature

Date