

CONNECT PSYCHOLOGICAL SERVICES, LLC

Karen O'Keeffe, Psy.D. Licensed Clinical Psychologist

INFORMED CONSENT FOR OUTPATIENT SERVICES AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and discuss any questions you may have with me. 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 therapist, the client, and the client's particular situation. There are many different methods I may use to work with you. The approaches I use are based on the problems that brought you to therapy and our agreed upon goals. Approaching the process openly, consistently, and actively often contributes to a better outcome.

Psychotherapy can have benefits and risks. There are no guarantees of what you will experience. 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, therapy has also been shown to have benefits for people, such as improved relationships, solutions to specific problems, an increase in life satisfaction, improved physical health, and significant reductions in feelings of distress. Some people experience their symptoms increasing before they start to get better, whereas others experience some relief more immediately. Sharing your reactions to therapy allows us to understand and work through what you are experiencing as well as adjust as needed.

Our first few sessions will involve an assessment of your situation and needs, and we will discuss goals that you want to work towards. This evaluation will usually last from 2 to 4 sessions. Following the evaluation, I will be able to offer you some first impressions of what our work will include and a general treatment plan. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At this time, 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 significant investment of time, energy, and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about any aspect of our work together, please discuss them with me. If you decide that you do not want to continue therapy, please let me know. I am happy to provide referrals and/or other appropriate resources. If you would like a second opinion, I can help you locate a provider.

Sessions: Following the evaluation and treatment planning, I generally schedule 55-minute sessions with clients once per week or at a time and frequency we agree on. Based on a client's

needs, I may meet with them more or less frequently and/or for shorter or longer session lengths. Once a session is scheduled, you will be expected to pay for it unless you provide at least 24 hours' notice of cancellation. A \$100 fee is automatically charged for missed sessions unless we both agree you could not attend due to circumstances beyond your control. You are fully responsible for such charges because most insurance companies will not reimburse for missed appointments or late cancellations.

If you arrive late for an appointment, we will be able to meet for the remainder of your scheduled time slot. However, after 15 minutes without any communication from you, I may leave my office or log off a video session. I will assume you are not attending the session and automatically charge the no show fee. After 21 days without service and/or communication, I will discharge a client from my care. Returning to my practice is subject to availability and any therapeutic considerations.

If you attend an appointment that may be deemed unsafe, including but not limited to being under the influence of substances or operating a vehicle during a video session, I reserve the right to refuse the appointment and charge the no show/late fee. Please inform me if you experience circumstances beyond your control, and I will consider rescheduling your appointment the same week. Frequently missed appointments, regardless of reason, may warrant discharge from treatment.

Professional Fees: My initial assessment fee is \$220.00 which we complete prior to starting therapy and runs one to four sessions. My psychotherapy hourly fee is \$190. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need though I 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 5 minutes, attendance at meetings or consultation with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional services that you may request. I typically charge a flat rate plus a per page rate in line with professional standards for copying and sending your records. My fees increase yearly, most often in January or July.

Legal Proceedings and Fees: My role as a psychologist is to support the mental health and well-being of my clients. There are mental health professionals who are hired specifically to assess, evaluate, and serve as legal advocates or experts. The role of advocate or expert, in my opinion, requires specialized training and/or experience to ensure best practices on behalf of the client. There are often very specific laws and rules that determine what evaluations must include and what may need to be addressed. I do not provide disability evaluations, service dog evaluations, emotional support animal recommendations, custody opinions, mediation, and/or any other service(s) in this realm. I am happy to provide referrals if this is a service you need or seeking.

If you become involved in legal proceedings that requires my participation, you will be expected to pay for all my professional time, even if I am called on by another party. Attorneys or client's sometimes request records for their use in the legal system. Due to the nature of therapy and the disclosures made in the therapeutic relationship, records are generally confidential and private. Clients should know that very serious consequences can result from disclosing their record, including impacting the outcome of legal matters in a negative way. Please consider and discuss the risks and benefits of such a decision. Because of the complexity and difficulty of legal involvement, I request a \$2,000.00 retainer, if I am required to participate in any legal work, including testifying. My fee is \$350.00 per hour which includes, but is not limited to preparation, attendance, participation, consulting, traveling, and /or waiting for proceedings.

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. I prefer payment by check or cash. If you make payments by check, and your check does not clear for any reason, you will be expected to reimburse me in full for any related bank fees that I am charged as a result. I can process your payment using Square. I do request client's place a credit card on file to facilitate the settlement of your account. Outstanding, past due, and/or missed appointments will be automatically charged. Please talk to me at any time if you have concerns or need to work out a payment schedule.

If your account has not been paid for more than 60 days and arrangements for payments 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 action is necessary, its costs will be included in the claim. In most collection situations, the only information I would release regarding the client's treatment is the client's name, the dates, times, the nature of the services provided, and the amount due. Please note that I reserve the right to cancel future appointments and/or revoke future appointments and/or terminate services for any client with an outstanding account balance. Services may not be restored until the balance is paid in full or a payment plan has been agreed upon.

Insurance Reimbursement: To set realistic priorities, it is important to evaluate what resources you have available to pay for your services. If you have a health insurance policy, it may provide some coverage for mental health treatment. It is important that you find out exactly what mental health services your insurance policy covers. Due to the rising cost of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. For example, plans vary on many factors such as preauthorization, session limits, modalities allowed (in-person vs telehealth), deductibles, copayments, and/or coinsurance. I am an in-network provider for Blue Cross and Blue Shield PPO. To bill BCBS PPO, your authorization will allow me to submit the information required to process your claims. Please find out exactly what your policy covers for our sessions and share this information with me, including if you have a deductible and/or a copay due at each session. If you plan to use telehealth, please verify I am an in-network provider for this service. I will assist you in receiving the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

Submitting mental health information to insurance companies carries a certain amount of risk. Further, not all issues, concerns, or conditions are reimbursed by insurance companies.

If you have a policy other than BCBS PPO, I am considered an out-of-network provider. Some insurance plans offer out-of-network benefits. In other words, some policies will reimburse you a percentage of the session fee. Verify if you have out-of-network benefits, what is covered, rate of covered benefits, and instructions for reimbursement submission. As an out-of-network provider, I am willing to give you a detailed receipt that you may submit to your insurance company for direct reimbursement. This receipt will include my business information, credentials, as well as private information about you. Further, if you submit my receipt to receive out-of-network benefits, your insurance company may request further information or details about our work together that I will then be obligated to provide.

You should be aware that most insurance companies require that I provide them a clinical diagnosis code, and this will become part of your medical record. Insurance companies may request additional clinical information, such as treatment plans, progress notes or summaries, and/or copies of the entire record (in rare cases). If you seek out-of-network benefits and provide them with a superbill that I provided you, your records can also be requested. The information I give them will become part of their files and may be stored in their computer database. Though all insurance companies claim they will keep such information confidential, I have no control over what they do with it once they have it. In some cases, they may share the information with a national medical information database. When and if your information is part of a medical data base, your confidentiality, privacy, and perhaps unforeseen issues may occur. **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 as much information as we can get about your insurance coverage, we can discuss the benefits that are available to you, what will happen if you run out before you feel ready to end our sessions, and whether you want to use your insurance. Please remember that you always have the option to pay for my services yourself if you do not want to use your insurance for any reason. You have the right to restrict certain disclosures of protected health information to a health plan when you pay out of pocket and in full for services. Anyone who decides to pay for their services privately will sign an OPT OUT of insurance form and receive a notice regarding the No Surprises Act and a Good Faith Estimate.

Please be aware that any benefit information that you receive from your insurance company is always given with a disclaimer from them. They state the quoted benefits are not a guarantee of payment and the final determination of coverage will be made only when a claim is submitted. Therefore, please be aware that you are fully responsible for the full payment of any service fees that your insurance does not pay for any reason. This fee and consent agreement supersede insurance company claims.

Please inform me as soon as possible if your insurance coverage or plan will be changing or ending. When you change insurance and/or at the beginning of the insurance calendar year, please recheck your coverage, your providers coverage, and telehealth coverage. Even within the same insurance company the coverage and cost may be different. Ultimately you are responsible for payment. I am not a Medicaid or Medicare provider.

Contacting Me: I am typically not immediately available. I do not answer the phone when I am in sessions with clients, and I work only part-time. I typically do not return phone calls on the weekends or holidays. When I am unavailable, calls go to my voicemail, which I check regularly during business hours. I will make every effort to return your calls within 48 hours. If you want me to use discretion when communicating with you, please let me know in advance. If you do not hear back from me, please contact me again. At times there have been some electronic failures or connection issues. If I plan to be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

Telephone calls and signal access are offered as a professional courtesy but does not constitute an emergency therapeutic service. If you are in an emergency, call 911 or go to the nearest hospital emergency room and tell them what is happening. If you prefer, contact the National Suicide Prevention Lifeline at 988 or 1-800-273-8255.

Please review my electronic communication policy and social media disclaimer addendum to this policy. The addendum details the risks of communicating using electronic devices and my policies in more detail. I use secure encrypted email through GSuite and Paubox. You may email me at drko@ConnectPsychologicalServices.com, but please limit your communications to concerns about scheduling or simple questions. Serious matters or issues that require an extended response should be handled in person during your session or by phone. The **Signal app** is encrypted text messaging that reportedly provides less privacy risk than regular texting.

Professional Records: Both state laws and the standards of my profession require that I keep treatment records for a specific period. For example, in Illinois I retain records for at least seven years. Upon request you are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to people who are not mental health professionals. Therefore, if you want to see your records, I recommend that you review your records with me so we can discuss the contents. Please ask me for a PHI REQUEST form to access your records.

Confidentiality: *In general*, the privacy of all communication between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. No recording is allowed by either party without written permission. I do share an office and waiting room with other independently practicing professionals. We are not affiliated in any way other than working in physical proximity to each other. I do not share or store confidential information with these professionals.

There are a few exceptions when your authorization is not required for me to release your information. These exceptions are dictated by the state you are in when you receive therapy services. Some of the exceptions are described below and on my HIPPA notice form.

If I believe a client is in danger of harming themselves, I (may) have an obligation to intervene, which may include pursuing hospitalizations and/or contacting family members, friends or others who can help provide protection. If I believe that a client is threatening serious bodily harm to someone else, I (may) have a duty to take protective actions. These actions may include contacting the police, warning the intended victim(s), and/or client hospitalization.

State laws inform psychologists duties when there is reason to suspect abuse and/or maltreatment. For example, in Illinois I am required to report any suspected physical or sexual child abuse or neglect to the Illinois Department of Children and Family Services as soon as it comes to my attention. Likewise, I am obligated to report any suspected elder abuse to the appropriate agency if the elderly person is not capable of reporting the abuse himself/herself.

If you become involved in legal proceedings, in most states you have the right to prevent me from providing any information about your treatment. However, in some proceedings such as those involving child custody or those in which your emotional condition is an important issue, a judge may order my testimony if she/he determines that the issues require it. I must comply with court orders. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client to defend myself. I may be required to disclose information to a health oversight agency for oversight activities authorized by law such as licensure or disciplinary actions.

I occasionally find it helpful to consult with other professionals about a case. In these consultations I make every effort to avoid revealing the identity of the client and the consultant is legally bound to keep any information discussed confidential. Ordinarily, I will not tell you about these consultations unless I believe it is important in our work together.

I may have some contracts with businesses such as a billing company. As required by federal law, I have formal business associate contracts with such businesses in which they promise to maintain the confidentiality of all data. I can provide you with the name of any businesses I contract with and a blank copy of my contracts, at your request.

Termination: Participating in therapy services is voluntary and you have the right to withdraw without adversity at any time. When termination is considered, please discuss it with me, so we can create a plan and wrap up our work together and say good-bye. Frequently missed appointments, regardless of reason, may warrant discharge from treatment. If I do not have contact or communication from you for 21 days, I will assume you no longer intend to continue, and your case will be closed. I am open to people returning based on availability. If you are accepted into a higher level of care, such as an intensive outpatient program or a hospital, I will transfer your care and close your case. By signing this form, you release Dr. Karen O'Keeffe and CPS, LLC from responsibility for any injury which may result from declining recommended

services and/or terminating services without discussing it with me and/or against clinical advice.

Conclusions and Signatures: By signing below you are indicating that you have read and understand the information in this document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during our professional relationship. You acknowledge receipt of Notice of Privacy Practices which provides detailed information about how the practice uses and discloses confidential information. You acknowledge receipt of Electronics and Social Media Policies. You understand the practice reserves the right to change its policies, practices, and procedures. You understand this consent is valid until revoked. You may revoke this consent at any time by giving written notice.

By signing below, you give your consent to Connect Psychological Services, LLC and Dr. Karen O’Keeffe to use or disclose your protected health information (PHI) to carry out your treatment, to obtain payment, and for health care operations. This includes disclosing PHI to business associates that assist in processing health claims.

Client Printed Name

Signature

Date

Parent/Guardian Printed

Signature

Date

Karen O’Keeffe, Psy. D

Signature

Date

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