

CHARLOTTESVILLE PSYCHOLOGICAL SERVICES, LLC
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INFORMED CONSENT FOR TREATMENT

This consent will provide a framework for our work together. After you read it, please sign and date it at the end. If you are under 18, your parent or legal guardian will also need to sign it. If you would prefer to discuss any of this information prior to signing, I would be happy to talk with you about it at your first appointment.

Services

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will offer you some initial impressions of what our work will include and recommend a treatment plan, which we can discuss, should you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with me. Therapy involves a significant commitment of time, money, and energy, so it is important to be careful about the therapist you select. If you have questions about the treatment plan or our work, we should discuss them whenever they arise. If you prefer to work with someone else or get a second opinion, I will be happy to help you find another qualified mental health professional. You may leave therapy at any time and have no moral, legal, or financial obligation to complete a certain number of sessions.

To get the most out of your treatment, you will need to actively participate in your therapy. In fact, when therapy works best, clients do much of the work outside of sessions. As with most treatments, psychotherapy can have benefits and risks. Since therapy can involve discussing challenging aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, frustration, or anger. Nonetheless, psychotherapy has been extensively studied and shown to have significant benefits. Therapy often leads to solutions to specific problems, better relationships, better understanding of personal goals and needs, and less distress. My approach is generally considered “integrative”, and I use cognitive-behavioral, interpersonal, and other techniques that are supported by research.

Confidentiality

As a general rule, all communications between a client and a psychologist are strictly confidential and are protected by law, and I will only release information about our work (including the fact that you are my client) to others with your written permission. But there are a few important exceptions:

In many legal proceedings, you have the right to prevent me from providing any information about your treatment. In some 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.

There are some situations in which I am 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, elderly person, or person with a disability 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 (legal authorities) who can help provide protection. These situations rarely occur in my practice but if such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case to ensure that I am providing the best care possible. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also ethically and legally bound to keep the information confidential.

If you and I see each other accidentally outside the therapy office, I will not acknowledge you first. Your right to privacy is very important to me, and I do not wish to jeopardize it. However, if you acknowledge me first, I will be more than happy to speak with you.

Telephone Access and Emergencies

Although I am not always immediately available by telephone, you may always leave me a confidential voicemail. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact the nearest emergency room and ask for the psychiatrist on call or call 911. If I will be unavailable for an extended time, I will always provide you with the name of a colleague to contact in advance of my absence.

Records

The laws and standards of my profession require that I keep treatment records for a minimum of seven years. I typically keep basic records, including the date of our session, the type of service provided, and general information about the content of our sessions. The records are kept in a HIPAA-compliant electronic health record, associated with a password-protected, encrypted computer and/or in a locked file cabinet and are considered confidential by law and ethics. In addition, I sometimes have e-mail and text contact with clients. If you agree to contact via e-mail or text, please do not share sensitive clinical information electronically and note that I cannot guarantee electronic security. If you have questions about how records are handled, please ask me before signing this form.

Under 18

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents not to seek access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have.

Fees

The fee for an initial session at Charlottesville Psychological Services, LLC is \$300.00 and typically lasts 75 minutes. The fee for a 50-minute psychotherapy session is \$200.00. In addition to charging for regular appointments, I charge this hourly fee (prorated for shorter periods) for other professional services, including attendance at school visits, legal proceedings, telephone conversations lasting longer than 5 minutes, and preparation of records.

Payment

Charlottesville Psychological Services, LLC is a “self-pay” practice. As such, you are expected to pay the full fee at the time of the service. If this will present significant hardship for you or your family, it is your responsibility to discuss this with me to determine if other arrangements can be made ahead of time. If you accrue a balance for any reason and have not paid as agreed upon for more than 60 days, balances will be subject to a 10% per month interest charge, and legal means to secure the payment may be taken. In most collection situations, the only information I release regarding a client’s treatment is his/her name, the nature of services provided, and the amount due. If you fail to pay your outstanding balance and collection costs are incurred (including collections fees, attorney fees, and court or other legal costs), you are responsible for such costs.

In addition, I do not participate on any managed care panels or belong to any provider networks. I can provide you with a receipt for services that you may use to file a claim with your insurance carrier. It is your responsibility to find out if your insurance carrier will cover these mental health services provided by an out-of network psychologist. The receipt that you will submit to your insurance carrier will provide the necessary information with which to determine if such a service is covered (e.g., diagnosis, the dates of our sessions, and a summary of treatment, if requested).

You will be charged full fee for sessions that are cancelled later than noon the day prior to the appointment, unless unforeseen circumstances, such as serious illness, arise.

Agreement

Your signature below indicates that you have read the information in this document, wish to receive psychotherapy at Charlottesville Psychological Services, LLC with Krista Jana, Ph.D., and agree to abide by its terms during our professional relationship.

Client:

Print name

Signature

Date

Guarantor (if client is under 18, indigent, or assigned a legal guardian):

Print name

Signature

Date