Colby Sandoval Srsic, Ph.D.
633 High Street
Worthington, Ohio 43085
614-440-3592

INFORMED CONSENT FOR THERAPY SERVICES

Welcome to my practice. I am looking forward to getting to know you. I received my Ph.D. in counseling psychology from the Ohio State University in 1999 and have been licensed as a psychologist in the state of Ohio since 2000. I provide individual counseling and assessment and couples counseling. I am happy to answer any questions you have as openness and collaboration in our relationship is essential to the outcome of our work together. I am a member of the Ohio Psychological Association, and I adhere to their ethical standards and their guidelines for continuing education. Additionally, I adhere to the codes of conduct and laws and rules that apply to psychologists as prescribed by the American Psychological Association, the Ohio State Board of Psychology and the Ohio Revised and Administrative Codes.

Informed Consent

Psychotherapy is based on psychological theory, research, and treatment methods. Most individuals find therapy beneficial in making positive changes in thoughts, feelings and behaviors. Occasionally people feel that counseling does not help. In some rare situations people think therapy makes them feel worse. Even the most successful therapy may involve remembering unpleasant events, becoming aware of certain thoughts, or experiencing strong emotions. Therapy may also impact relationships with significant others. Please understand that there are potential risks posed by counseling and evaluation. These may include risks that are presently unknown or unidentified, and they may vary widely among individuals. It is impossible to accurately state the likelihood of your personal risk. I encourage you to share any concerns you may have about the therapy process with me so that I may respond to these concerns.

Confidentiality

Laws protect the privacy of all communication between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization. There are some situations where I am permitted or required to disclose information either with or without your consent or authorization. For example:

- If you are involved in a court proceeding and a request is made for information concerning your treatment, I cannot provide such information without your written authorization. However, if I receive a court order, I am required to release that information. If you are involved in or contemplating litigation, you should consult your attorney to determine whether a court would be likely to order me, as your therapist, to disclose information. Please note that I discourage all clients from subpoenaing me for any reason.
- If a government agency is requesting information, I may be required to provide it.

- If you file a worker's compensation claim, I may be required, upon appropriate request, to provide a copy of your records or a report of your treatment.
- If you file a complaint or lawsuit against me, you waive your rights to confidentiality and I may disclose relevant information about you in order to defend myself.

There are some situations in which I am legally obligated to take actions that I believe are necessary to attempt to protects yourself or others from harm, and in such cases I might have to reveal some information about your treatment. If such a situation arises, I will make every effort to fully discuss it with you before taking any actions, if I deem that to be appropriate under the circumstances and will limit disclosure to what is necessary. For instance:

1) If I believe you present a clear and substantial danger of harm to yourself and/or others, I may be obligated to take certain protective actions. This may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and/or notifying the police.
2) If I have reason to suspect or knowledge about the abuse or neglect of children, elderly persons, or adults deemed cognitively, developmentally or physically disabled, the law requires me to report that information to the appropriate state or local agency.

Additional Issues Related to Confidentiality

- With your written consent, information will be released as needed to obtain payment from your insurance company. This information always includes diagnosis and may include treatment goals and progress. I have no control over how insurance companies and managed care organizations use or release this information once it is released to them. By signing this consent, you are allowing me to release information about your claim(s) to the Ohio Department of Insurance in connection with any insurance company's failure to properly pay a claim in a timely manner as well as to the Ohio Department of Commerce which requires certain reporting of unclaimed funds. In those instances, only the minimal required information will be supplied. Please know you have the choice to prohibit disclosure of information to insurance companies or the Ohio Department of Insurance by paying in full out of pocket.

- You agree that from time to time I may need to consult with my practice attorney regarding legal issues involving your care (this is an infrequent occurrence but could happen.) My practice attorney is bound by confidentiality rules also. In addition, I will reveal only the information that I need to reveal to receive appropriate legal advice in connection with those contacts.

- You should be aware that I may consult with other mental health professionals and that I will only release information necessary in order for me to provide help to you. If I need to release information that is confidential in nature, I will request that you sign a release of information allowing me to communicate more thoroughly. All mental health professionals are bound by the same rules of confidentiality.

- I may employ a collection agency if your account has not been paid for more than 120 days. I will have a formal business contract with this business in which it promises to maintain the confidentiality of this data except where release of certain information is allowed in the contract or is required by law. In most situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due.

- If you are seeking couples counseling, there are limits to confidentiality that I will discuss with you at our first session.

- This summary is designed to provide an overview of confidentiality and its limits. It is important that you read the Notice of Privacy Practices form that has been provided to you for more detailed explanations and that you discuss with me any questions or concerns you have.

Clinical Record

The laws and standards of my profession require that I keep Protected Health Information about you in your client file. Your records may include information about your reasons for seeking therapy, a description of the ways in which your problems affect your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that I receive from other providers, reports of any professional consultations, any payment records, and copies of any reports that have been sent to anyone. You may examine and/or receive a copy of all of your records if you request them in writing, unless I determine for clearly stated treatment reasons that disclosure of the records to you is likely to have an adverse effect on you, and in that event, I may exercise the option of turning the records over to another mental health therapist designated by you. Because these are professional records they can be misinterpreted and/or upsetting to untrained readers, I therefore recommend that you initially review them with me or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge fees set under Ohio and federal laws for copying and sending records. These fees may change every year, so I will let you know what the charge is at the time that a records request is made. If you desire to have the information sent to you electronically and if I maintain the information in an electronic format, I will provide the information in that format if you agree to accept the potential risks involved in sending the information that way.

As your therapist, I may also keep a set of psychotherapy notes which are for my own use and which are designed to assist me in providing you with the best treatment. These notes are kept separate from the rest of your records. In order for psychotherapy notes to be released to third parties, you must sign a separate authorization in addition to one for the rest of your records. I will discuss with you whether or not I am maintaining separate psychotherapy notes on you.

Relationship

My relationship with clients is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that I not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. For example, if you try to "friend" me on Facebook or establish a relationship on LinkedIn I will not be able to respond.

Payment

Payment is required at the time of service except when other arrangements are made. My fee is $175 for the initial psychotherapy session. For individual counseling the fee for each subsequent session of 55-60 minutes is $160. Briefer sessions of 45 minutes are billed at reduced rates of $140. My rate for couples counseling is $220 for a 75-minute session or $200 for a 55-minute session. Administration and scoring of psychological tests will be billed according to the test given. These rates will be provided to you before any necessary testing. On rare occasions, we may need to have a brief phone conversation. Typically, there is no charge for brief phone conversations; however, conversations that need to proceed longer than 15 minutes may be subject to an out of pocket charge as insurance companies do not pay for phone exchanges. Consultations made on behalf of the client over 15 minutes in length with other professionals and agencies will be charged at the $160/hour rate and billed per minute following the first 15 minutes. If I need to fill out forms, write letters, or engage in extensive consultation with other professionals or agencies that last more than 15 minutes, you will be billed at the rate of $40 for each 15 minutes or fraction thereof. These fees cannot be submitted to insurance. I accept credit/debit cards, cash, and checks for services. HSA or FSA funds may be used. There will be a $25.00 fee for returned checks.

Insurance Payments

If you provide me with your insurance information and sign the Assignment of Insurance and Release of Information at the end of this document, I will file your insurance claim. If you do not provide me with the insurance information and do not sign on the signature page, you must inform me that you do not want me to file any claims with your insurer, regardless of whether or not I am an in-network provider. If your insurance is denied, regardless of the reason, you will be held responsible for any charges.

Change of Personal Information

Please inform me if you change your home address, telephone numbers, email address, or insurance carrier during therapy. You are advised to discuss any pending changes in your insurance coverage prior to making a change, as it may affect coverage and your financial obligation.

Legal Situations

I strongly discourage clients from asking me to testify in court proceeding as I prefer to retain a therapeutic role in my interactions with clients. Note that some client requests for participation in legal and evaluative matters may constitute taking on a dual-role in which the therapist has conflicting roles and/or loyalties. Dual-roles introduce the possibility of bias in one or both roles. Ethically, I do everything possible to not take on dual-roles, and to that end, may turn down opportunities to get involved in secondary

roles. However, if you become involved in legal proceedings that require my participation you will be expected to pay for all of my professional time, even if I am called to testify by another party. I will ask that a retainer be paid of half of the expected fees at least one week prior to providing these services, and the second half of expected fees and any additional fees that may have been accrued be paid within one week after services are delivered. Any unused amounts will be refunded. My professional time for legal proceedings may include preparation (document review or letter preparation), phone consultation with other professionals or you, record copying fees, and travel time to and from proceedings, testifying, and time that I wait in court prior to or after I may be called to testify). Due to the time-consuming and often difficult nature of legal involvement, I charge 300.00 per hour for these services. You will also be responsible for any legal fees that I may incur in connection with the legal proceeding, which may include responding to subpoenas.

Missed Appointment Policy

I will make every effort to schedule appointments that are convenient and timely. Appointments are usually 45 or 55 minutes in duration (or 75 for couples). Please recognize that when I make an appointment, I have reserved that time especially for you. If you must cancel an appointment, you may text me or leave me a voicemail (both at 614-440-3592) explaining the reason for the cancelation. I ask that you notify me at least 24 hours in advance to cancel or reschedule an appointment so that I may offer that time to someone else in need. Failure to give 24-hour notice (without a strong reason like illness, etc.) will result in a full charge of the session. Please know that insurance will not reimburse for late cancelation charges.

Emergency Services

For usual office matters, I may be reached at my office number 614-440-3592. In the event of an emergency, I can be reached at my cell or office number of 614-440-3592 or reached at home 614-880-9781. In the event that I am unreachable (i.e. I am out of town and don't have cell reception), please proceed to the nearest emergency room (OSU 614-293-8333; or Riverside 614-566-5056) or call Netcare Access at 614-276-2273 for 24-hour mental health crisis and assessment services. You may also contact Dr. Jennifer Schantz at 614-361-0503, a colleague who has agreed to take my emergency calls when I am unreachable.

Incapacity or Death of Therapist

In the event that I am incapacitated or die, it will be necessary for another therapist to take possession of your file and records. By signing this form, you consent to allow another licensed mental health professional, whom I designate, to take possession of your file and records, provide you with copies upon request, or to deliver them to a therapist of your choice.

Email, Texting, and Electronic Communications

I am open to using e-mail or texting. However please know that there are confidentiality risks inherent in such communications if these communications are unencrypted. Please be especially aware of this if you decide to use any electronic communications to provide information that is more confidential in nature (i.e. you choose to email me information, etc.). If you communicate with me electronically you agree to accept those risks.

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I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize Colby Sandoval Srsic, Ph.D. to provide such care, treatment or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment or services that I receive through you at any time. I also understand that there are no guarantees that treatment will be successful.

By signing this Acknowledgment of Informed Consent to Treatment, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein, and I agree to be bound by the provisions in this agreement. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

I also acknowledge that I have received a copy of the Notice of Privacy Practices for the mental health therapist listed at the top of this form.

_____By initialing here, I am indicating that I understand the risks involved in unencrypted electronic communications and agree to accept such risks. I wish to communicate electronically from either me to you or you to me.

_____
Client Name

_____ _____
Client Signature Date

If Submitting Through Insurance

I authorize the submission of information to an insurance company or third-party payer to obtain reimbursement. I authorize Colby Sandoval Srsic, PhD, Psychologist to release any information required to process this claim to my insurance carrier and understand that my records may be subject to audit by my insurer. I authorize my insurance benefit to be paid directly to Dr. Srsic. I understand that all parties will maintain professional confidentialities and only release information that is required. I understand that I am financially responsible for any payment not covered by insurance or in the event that a claim is denied for whatever reason.

_____ _____

Signature **Date**

Is your insurance through you, a spouse, parent, etc. _____
Member # _____
Insured's Name _____
Insured's Date of Birth _____
Name of Insurance Company _____
Phone Number for Providers or Mental Health on Insurance Card_____

If NOT Submitting Through Insurance

I do not want to use my insurance benefits for psychotherapy and have not given my insurance information to Colby Sandoval Srsic, PhD Psychologist. I understand that payment in full for a session will be expected at the time of service. I understand that I will notify Dr. Srsic to change payment arrangements for future appointments, but changes cannot be made retroactively.

_____ _____

Signature **Date**