

## **DR DAPHNE TIMMONS, PhD.**

### **CONSENT FOR TREATMENT**

Welcome! I hope your visit today will be pleasant and meaningful. The following information will introduce the policies and procedures of my practice and will serve as your treatment contract. Please read it carefully and write questions you might have so that we can discuss them at our next meeting.

#### CLINICAL SERVICES

The initial sessions will involve an evaluation of your needs. By the end of the evaluation, I will offer you initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should feel confident about the therapist you select. Trust is most important in our relationship. If you have any questions about my procedures, we should discuss them whenever they arise. If your questions persist, I will be happy to help you obtain an appropriate referral to another mental health professional.

Psychotherapy has both benefits and risks. Psychotherapy has been shown to have important benefits such as significant decrease of feelings of distress, better relationships and resolution of specific problems. As psychotherapy often requires recalling unpleasant aspects of your history, common risks may include experiencing uncomfortable feelings such as sadness, guilt and anger. As your therapist, I will try to help you at such times.

#### MEETINGS

I typically conduct an initial evaluation that last two sessions. During this time, we can decide whether I am the best person to provide the services you need to meet your treatment goals. If we decide to proceed, we will schedule therapy sessions at an agreed upon time and frequency. **Once an appointment is scheduled, you will be expected to pay for it unless you give 24 hours notice in advance.** I will understand if unusual circumstances prohibit such a notification. **THERE WILL BE A CHARGE FOR A “LATE CANCELLATION without 24 hours’ notice.”**

#### PROFESSIONAL FEES

An initial evaluation is \$90 to \$175 and last for 60-minutes. Fees vary according to insurance provisions. Each session following the initial evaluation is 50 minutes. Other services include report writing, telephone and email communications (which last longer than fifteen minutes), attendance at meetings, or consultations with other professionals that you have authorized,

preparation of records and treatment summaries, and time spent performing any other service you may request of me. These services aren't usually covered by insurance. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the additional time involved in legal proceedings, I charge \$150.00 per hour for preparation and attendance at any legal proceeding. These fees will be collected upfront.

### BILLING AND PAYMENTS:

You will be expected to pay for each session at the time it is held, unless we agree otherwise or you have insurance that requires another arrangement. If your account is more than 60 days in arrears, and suitable arrangements for payment have not been agreed upon, I have the option of securing legal means to secure payment. I will avoid using a collection agency or small claims court unless absolutely necessary. If legal action is required, the cost of bringing that proceeding will be included in the claim. In most cases, the only information I would release about a client's treatment would be his/her name, the nature of the services provided, and the amount due.

### INSURANCE REIMBURSEMENT

Please carefully read the section of your insurance booklet that describes mental health services. If you have questions about coverage, call your plan administrator. In most cases our Office Manager can contact the company on your behalf, but this is your responsibility.

HMO's and PPO's often require authorization before providing reimbursement for services. These plans are often limited to short term treatment approaches designed to address specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more sessions after a certain number sessions. Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans, summaries, or copies of the entire record (very rare). This information will become part of the insurance company files. I will inform you of your insurance company's requirements.

It is important to remember that you always have the right to pay for my services yourself if you do not wish to share such information with your insurance company.

### HOW TO CONTACT ME

I am often not immediately available by telephone. While I am usually in my office between 9am and 6pm on Monday - Friday, I probably will not answer the phone if I am with a client. When I am unavailable, you may leave a confidential voice-mail message. Non-emergent calls left during these hours will be returned by the next day. If I will be out of town for an extended period of time, I will provide you with the name of a colleague to contact if necessary.

## EMERGENCIES

Should a crisis occur and you are unable to reach me, you may call Palmetto Lowcountry Behavioral Health at 843-745-5149, a professional counselor is available 24 hours a day at this number to assist you with your emergency, or please contact one of the following resources: a family member, the emergency room of a local hospital and ask for the psychiatrist on-call, 211 hotline (744-4357).

## PROFESSIONAL RECORDS

I am required to keep treatment records. All records are locked and kept confidential. If you wish to see your records, I would prefer you review them in my presence so that we may discuss the contents.

## CONFIDENTIALITY

In general, all communication between therapist and client is kept in strict confidence, and is protected by law. It is my policy to release information about our work to others only with your written permission. This will be done in the form of a written release, which I will carefully explain to you.

There are some situations in which I am legally required to take action to protect others from harm, even if I have to reveal some information about a client's treatment. These situations are exceptions to the confidentiality rules. For example, if I believe that a child, elderly, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a client is a threat to him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can assist in providing protection. Similarly, if I believe that a client is threatening serious bodily harm to another, I am required to take action. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

## MINORS

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. 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.

NOTICE TO CLIENTS: Consumers of mental health services in South Carolina are afforded the opportunity to file inquiries with its Board of Examiners in Psychology or Board of Social Work at PO Box 11329, Columbia, SC 29211-1329. (803) 896-4664.