



**KASEY SERDAR, PH.D.**  
LICENSED PSYCHOLOGIST

## **INFORMED CONSENT STATEMENT**

Welcome to my practice! I am pleased you are considering psychotherapy as a way to improve and enhance the quality of your life. This form is intended to give you some information about the work you are about to undertake, as well as answering any questions you may have. Please read it over completely. It is impossible to cover everything completely, so I encourage you to ask me directly about any questions that you may have. When you sign this document, it will represent an agreement between us. Please note that although other clinicians share office space with me, we each operate independently and this is not a group practice.

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is a process that is complex, and can be difficult to define or describe completely as it may look very different for each person. The process of psychotherapy varies depending on the personalities of the psychologist and patient, as well as the problems that are leading you to seek help. As your therapist, I may use many different methods to help you address the concerns that brought you to treatment. Psychotherapy is not like a visit to your medical doctor, as it calls for active engagement and reflection on your part. Generally, psychotherapy is most effective when you are fully invested in learning about yourself. Psychotherapy can have many benefits, including helping you improve your relationships with yourself and others, identifying solutions to problems that are troubling you, and reducing your overall distress. It also has some risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There are no guarantees of what you will experience in coming to therapy, and I invite you to speak to me directly if you have concerns about your treatment.

The first few sessions of treatment are considered a consultation phase, during which I will be evaluating your needs and formulating a plan for your treatment. During these sessions I will gather some information about what is bringing you in for psychotherapy services. I will also gather some background information from you, including a mental and physical health history, family history, employment, etc. From this information and once I feel I have developed a basic understanding of your needs, I will determine whether my expertise is a good match for what is bringing you in for services. I will also discuss my recommendations for your treatment. If I do not feel that I will be able to offer you the services you need or I feel that other services would be better suited, I will assist you in finding other referrals and resources. These first few sessions will also give you a sense of me and my manner of working, so that you may make a determination yourself about whether you feel like you would like to work with me. It is important that you be honest with yourself about whether working with me feels like a good fit, as therapeutic growth can only happen when you feel you are working with the right person to help you. Trust your instincts on this and please feel free to share them with me. I can help you find someone if it does not feel like a fit. If we both decide that working together feels like a good fit, we will set up a regular time to meet. Please be aware that I may make other recommendations in addition to therapy as I feel they are appropriate. For instance, I may suggest a referral to a psychiatrist, medical doctor, couple's therapy, group or family therapy, or other services. Should I make these recommendations, I will assist you in finding a referral.

### **CONFIDENTIALITY**

Psychotherapeutic work is not possible without assurance that what you share remains confidential. You need to know that what you say in therapy will not be shared with others in order to feel comfortable opening up. The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Maryland law.

However, in the following situations, no authorization is required:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that I file a report with the appropriate government agency, usually the local office of the Department of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I know that a patient has a propensity for violence and the patient indicates that he/she has the intention to inflict imminent physical injury upon a specified victim(s), I may be required to take protective actions. These actions may include establishing and undertaking a treatment plan that is calculated to eliminate the possibility that the patient will carry out the threat, seeking hospitalization of the patient and/or informing the potential victim or the police about the threat.
- If I believe that there is a imminent risk that a patient will inflict serious physical harm or death on him/herself, or that immediate disclosure is required to provide for the patient's emergency health care needs, I may be required to take appropriate protective actions, including initiating hospitalization and/or notifying family members or others who can protect the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

### **MINORS & PARENTS**

Patients under 16 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 16 and 18 and his/her parents allowing me to share general information about the progress of treatment and

their child's attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

### **MEETINGS**

I normally conduct an initial evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I feel like the best person to provide the services you need in order to meet your treatment goals. If we both decide to proceed with psychotherapy, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on. Sometimes, patients benefit from more frequent meetings (twice or three times per week). If it seems that you may benefit from increasing the frequency of your treatment, we can discuss this together.

### **PROFESSIONAL FEES & PAYMENT**

Payment for sessions will be made at each session, unless other arrangements have been made or agreed upon (please feel free to talk with me if we need to discuss other arrangements). You may make payments by cash or check. There will be a returned check fee of \$25.

My current fee schedule is as follows:

Initial consultation (50 minutes): \$175  
Initial couples consultation (90 minutes): \$200  
Individual Psychotherapy Session (45 minutes): \$140  
Couples Therapy (45 minutes): \$150  
Group Therapy (90 minutes): \$60  
Psychotherapy Supervision/Consultation (45 minutes): \$120

In addition to weekly appointments, I charge \$140/hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.]

If your account has not been paid for more than 60 days and arrangements for payment 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 which will require me to disclose otherwise

confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

### INSURANCE

I am not currently paneled with any insurance companies, however, I am an "out-of-network" provider, which means if your insurance company offers out-of-network benefits, you should receive some reimbursement for the cost of my services. Most insurance companies that provide out-of-network benefits cover between 50%-75% of the cost per session. If you are submitting for reimbursement to your insurance company, I will provide necessary documentation to summarize services provided which you will then submit to the insurance company yourself. Please indicate that reimbursement should go directly to you. If the insurance company requires me to complete any treatment reports to authorize your care, this will be done collaboratively during our session. If you would rather me complete the report outside of session, you will be billed for the time I spend creating this report (see fees section above). I am happy to share any reports that I write about your treatment with you.

My contract for psychological services is with you alone, not the insurance company. It is impossible for any one person to be knowledgeable about all of the plans and requirements, so it is up to you to know your plan's requirements for reimbursement, keep track of preapproval requirements, number of approved sessions, and other administrative details. The following are some good questions to ask your insurance company when you call to inquire about your mental health services:

- Do I have out-of-network health benefits?
- What amount will I be reimbursed for the following services with a licensed psychologist?
  - CPT (Current Procedural Terminology, or Procedure) Code 90791 (initial consultation) at a fee of \$175.00
  - CPT Code 90834 (subsequent psychotherapy sessions) at a fee of \$140.00 per session
- Is there a deductible I must meet each year before I get reimbursement for my psychotherapy sessions?
- Is there a session limit per year?
- Is there a pre-authorization requirement? If so, what information do you need for this? Is there a specific form that needs to be filled out?

You should be aware that your contract with your health insurance company may require that I provide it with information relevant to the services that I provide to you. Maryland permits me to send some information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Maryland law prevents insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes. If I believe that your health

insurance company is requesting an unreasonable amount of information, I will call it to your attention and we can discuss what to do. You can instruct me not to send requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has this information, it will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

### **MISSED APPOINTMENTS**

If you need to cancel an appointment, I require that you cancel the session at least 24 hours ahead of time (more is preferable), otherwise you will be charged the full fee for the session. I have a limited number of session slots per week so a late cancellation prevents me from being able to schedule time that I have devoted to my work with you. If you have any questions about charges for missed sessions please speak with me about it. Please be aware that insurance will generally not reimburse you for missed sessions.

### **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. I do check my voice mail several times a day, and will make every effort to return your call prior to 7 p.m. When you leave a voice message, please inform me of times when you will be available, your phone number, and your location. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. In terms of email contact, I reserve this strictly for scheduling and administrative purposes. Email is not a secure medium so I generally limit the information shared over email and I will not email you without your consent to do so.

### **BOUNDARIES**

Psychotherapy involves engaging in a unique type of relationship, one in which a person often shares highly sensitive and difficult information that may not be shared in other relationships. It is important that the patient and therapist are able to create a sense of safety and trust in working together as this is what helps the patient open up about their deepest thoughts, feelings, troubles, fears, etc. In order to provide space for this type of relationship to develop, there are strict boundaries that must be adhered to in the psychotherapy. There is a strict prohibition against any social, business, romantic, sexual, or other non-therapeutic relationship. There is also no physical contact or intimacy permitted and no violence allowed.

## **TERMINATION**

The process of psychotherapy is unique, in that it involves looking at oneself deeply with the guidance of a therapist. There may come a time in the process of therapy when you believe you have met your goals or you may consider terminating therapy. It is important that you discuss this with me, so that we may talk this through together prior to you ending therapy. Because of the importance of the therapeutic relationship, as well as feelings that often come up around ending therapy, it is important that we make space to adequately discuss these issues. Also, it is common for people to consider ending therapy when they begin speaking about more difficult topics or if they have concern that the therapy is not addressing their needs. I encourage you to speak with me directly about these feelings before you make the choice to terminate therapy.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. In those situations, you have a right to a summary and to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee and certain other expenses. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED

I have read and agree to the above:

---

Signature of Patient or Minor Parent:

---

Signature of Patient or Minor Parent:

---

Name (print):

---

Date:

---

Witness: