



Nancy J. Patrick, Ph.D. LLC

Informed Consent for Psychological Services

Practice Policies and Procedures

Welcome to Nancy J. Patrick, Ph.D. LLC! Please read this document thoroughly and complete them where necessary so that you are prepared to discuss any questions with me during your first session.

Psychological Services

During the first session(s), an evaluation will be conducted to assess your current needs, previous history, and reasons for seeking psychological services at this time. By the end of the session, I will be able to offer you general recommendations, which may include an initial treatment plan for our work together or referral information for a mental health provider who would be better able to meet your needs.

During the first session(s) it will be important for you to assess how comfortable you feel working with me. Whether you are seeking counseling, consultation, advocacy, social skills or support group intervention, or testing/evaluation there is the potential for a big commitment of time, money and energy, so you should be careful about the psychologist you select. If you have questions about my procedures or recommendations, we should discuss them whenever they arise. If you decide that you would rather not enter into treatment or other care with me, I will be happy to provide you with referral information for other psychologists, counselors or clinics.

If you do decide to accept my general recommendations you will be provided with an informed consent specifically designed for that service whether it be counseling, consultation, advocacy, and/or testing/evaluation.

Confidentiality

In general, the confidentiality of all communications between a patient and a psychologist is protected by law. I can only release information about our work to others with your written permission. However, there are some exceptions and situations in which I would be legally required to take action that might necessitate revealing information about a patient's treatment or evaluation. Following are some important limitations to confidentiality:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, I am required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to make reasonable attempts to keep you safe and to notify the family of the client.



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Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adults) is in danger of abuse, I am required to report this information to the appropriate social service and/or legal authorities.

Court Order

If subpoenaed by a judge, I may be required to release your records or testify according to the law.

Minor/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. In the state of Pennsylvania, a child age 14 or older is legally able to consent for his or her own treatment. This means that the minor who is 14 years or older has legal ownership of all medical record, regardless of who is paying for the services, and a written consent is required to release his or her medical records. It is my policy to discuss the limits of confidentiality with a client who is a minor and his or her parents at the beginning of the treatment or evaluation process to determine the extent to which the information contained in the health records will be share with parents or guardians.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be required includes types of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of counseling, case notes, and summaries.

Fees

In addition to the fees for counseling, consultation, advocacy, social skills and support groups, social coaching and testing/evaluation, other billable services may include communications outside of the session, report writing, providing copies of health records or treatment summaries, attending meetings with other professionals on your or the clients behalf, and time spent performing other services too request at my discretion.

Telephone Calls



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Occasionally the need to talk to me may arise between normally schedule sessions. Some of the services I offer are better conducted in this manner than others, for instance consultation, social coaching and advocacy can be conducted well on the phone, but counseling and social skills and support groups are more difficult to address in this manner. I will respond to your call during normal business hours. A charge will be incurred by the client for any telephone consultation time between scheduled sessions.

Contacting Me

My individual, professional phone number will be provided to you for you to contact me regarding scheduling issues and in the case of urgent needs. However, please note I am typically not immediately available because I am most likely seeing other clients, but I will do my best to contact you as soon as I am available.

If there is an emergency and you cannot reach me immediately, please call 717-971-2936 and leave a message indicating your current crisis and the on-cal provider will call you back.

If you cannot wait for a return call, please do to your nearest emergency room, call 9-1-1 or call the Dauphin County 24-hour Crisis Hotline number at 717-232-7511. Cumberland-Perry 24-hour Crisis intervention at 717-763-2222 or 717-243-6005.

Cancellations and Missed Appointments

When an appointment is schedule, that time is reserved for you. If the appointment is missed or cancelled without sufficient notice, I am unable to make use of that time. Please note that the reasons for missing an appointment is not relevant to the cancellation feeing being assessed. This fee is assessed regardless of whether or not it is the client’s “fault” that they missed. Therefore, sessions must be cancelled 24 hours in advance or a cancellation fee of \$80.00 will be charged, regardless of your session fee amount. It is important to know that insurance companies do not reimburse for missed appointments.

This is to certify that I have read, understand, and have been given a copy of this document.

Signature of client or his/her personal representative

Date

Printed name of the client or personal representative

Relationship to the client



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Signature of the parent or guardian (if the client is a minor)

Date

Signature of Witness

Date

Copy given to the client/parent/spouse/representative