

# DR. ROBIN LOWEY & ASSOCIATES

## Psychological Services

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### Consent for Outpatient Psychotherapy

Welcome to our practice. We are eager to help you in any way that we can. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them in our first session. When you sign this document, it will represent an agreement between us.

#### PSYCHOLOGICAL SERVICES

Psychotherapy can have many benefits, but there also can be some risks. Psychotherapy has been shown to have a myriad of benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of anxiety, depression, and overall distress. However, there are no guarantees regarding what you will experience and, because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

Your first few therapy sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what the course of treatment will likely include and what we may be able to help you achieve in therapy. At the end of the evaluation, your therapist will notify you if he or she believes that he or she is not the right therapist for you and, if so, your therapist will give you referrals to other practitioners who may be better suited to help you.

#### MEETINGS

Psychotherapy is most effective when therapists and patients meet for one [50-minute] session per week. At times, longer or more frequent sessions may be needed, but, in general, you should expect to schedule a 50 minute therapy session each week.

#### PROFESSIONAL FEES

Our hourly fees are \$275 for an initial evaluation and \$200 for each additional therapy session, though we may have an agreement to accept a reduced rate from your insurance company. We charge this same hourly rate for other professional services, aside from psychotherapy. If you require other professional services that are not covered by your insurance company (such as letter/report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, etc.), you will be charged for time spent conducting these additional services. We will prorate the hourly cost if your therapist work for periods of less than one hour. If you become involved in legal proceedings that require your therapist's participation, you will be expected to

pay for any professional time your therapist spends on your legal matter, even if the request comes from another party. We charge \$250 per hour for professional services we are asked or required to perform in relation to your legal matter.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information we will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due. Please see our financial policy form for additional details regarding payment for services.

### **INSURANCE REIMBURSEMENT**

You should be aware that most insurance companies require that we provide them with your clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. We will provide you with a copy of any records we submit, if you request it. *You understand that, by using your insurance, you authorize Dr. Robin Lowey & Associates Psychological Services to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.*

### **CONTACTING OUR OFFICE**

During your first session, your therapist will speak with you about ways to communicate with him or her directly. However, if you need to get a message to your therapist and it is Monday through Friday between the hours of 9am and 5pm, you can call our office at 215-625-9655 and one of our administrative staff members will pass along your message. We have an answering service to handle calls after hours.

If there is a true psychiatric emergency and you are unable to reach your therapist immediately, contact your family physician or the nearest emergency room. If your therapist will be unavailable for an extended period of time for any reason, we will provide you with the name of a colleague to contact, if necessary.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some legal proceedings, a judge may order a therapist's testimony if he/she determines that the issues demand it. If that is the case, we must comply with that court order.

There are some situations in which licensed mental health professionals are legally obligated to take action to protect others from harm, even if the licensed professional has to reveal some information about a

patient's treatment. For example, if a licensed mental health professional believes that a child is being abused or has been abused, we must make a report to the appropriate state agency. If a licensed mental health professional believes that an elderly person or a disabled person is being abused, the mental health professional may break confidentiality and report the abuse as well.

If we believe that a patient is threatening serious bodily harm to another, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, we will attempt to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we always make every effort to avoid revealing the identity of the patient. The consultant is also legally bound to keep the information confidential. Ordinarily, we will not tell you about these consultations unless we believe that doing so is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that you discuss with your therapist any questions or concerns that you may have. Your therapist will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that your therapist is unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and your clinician is not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_