



## **BARBARA L. EDWARDS, M.A. - LICENSED PSYCHOLOGIST**

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### **PATIENT INFORMATION AND TREATMENT AGREEMENT**

The purpose of this information is so that you will have knowledge of my practice policies. Although this may seem to be business-like or cold, it will enable you to have an understanding of the nature of services provided and answer many of the questions clients ask. It also provides you with the needed information without taking up time during your first appointment. Your signature indicates that you understand the business aspects of treatment. The federal law, HIPAA, and most insurance companies require that I have obtained informed consent and this document will satisfy that requirement.

#### **SERVICES PROVIDED**

I provide individual, couples, family and group therapy. I view the person as a whole and feel the psychological, physical and spiritual aspects all need to be attended to. The type of therapy used depends on the needs of each individual. In cognitive behavioral therapy, the work enables a person to gain an understanding of how their thought processes affect how they feel as well as ways to change their thoughts and behaviors. Dynamic and Interpersonal therapy involves gaining more insight into one's relationship with one's self as well as others. Gestalt therapy looks at the whole person in the here and now.

#### **PSYCHOTHERAPY**

Therapy involves a considerable commitment of time, money and energy. You may not always leave a session feeling better-in fact; sometimes you may even feel worse. This is because you may be discussing problem areas in your life, how you feel about yourself and other insecurities. At times, honest self reflection creates feelings of depression and anxiety. These feelings are temporary and are healthier than pushing feelings down and not dealing with the root of the problem. Each person is different and the pace of treatment is individually determined. In order for therapy to be successful, you need to be willing to share openly with me as well as to do "homework" between sessions. If at any time, you feel uncomfortable with a discussion or the direction therapy is taking, please bring it up. As with any relationship, it may take some time to develop trust. If after a few sessions, you feel that I'm not the right therapist for you, I will assist you in finding a more compatible therapist for your unique situation.

## APPOINTMENTS

Therapy sessions are typically 45 -50 minutes in length. Depending on your needs, I may see you weekly or biweekly. At some point, appointments may be spread out even further. Once an appointment is schedule, it is expected that you will give 24 hour notice if you need to change it. Because the time is reserved for you, there is a charge for both same-day cancellations and no-shows.

## FINANCIAL CONSIDERATIONS

The fee for an initial evaluation is \$160. My hourly fee is \$100. This fee also applies to services provided on your behalf such as a preparation of special reports and extended phone conversations. If you are involved in litigation which requires my participation, you will be expected to pay for the professional time required including preparation and/or travel time. Because of the complexity and difficulty of legal involvement, I charge for such services is \$100 per 15 minutes. There is a \$50 late (less than 24 hours) cancellation fee. If you do not keep an appointment, you will be billed \$100. Although this is a difficult decision for me as I realize many of my clients are struggling to meet their expenses, I too have to meet mine. Your account must be current in order for me to release records for any reason other than continuity of care.

You will be expected to pay for each session at the time it is held unless we agree otherwise. Payment of deductibles or co-pays is expected at the time of service. My contract with insurance companies does not allow me to waive deductibles or co-pays. More and more policies have a yearly deductible that must be met before benefits begin.

If your account is more than 60 days over due and you have not worked out a payment plan, your account may be sent to a collection agency or be subject to legal action through Small Claims Court. I understand that at times special circumstances may result in the temporary inability to pay. Please discuss such problems with me so we can make arrangements before your account becomes over due.

If you have health insurance, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you obtain the benefits you are entitled to. However, you, and not your insurance company are responsible for the cost of treatment you receive. Please call the Member Service number on the back of your card to find out your co-pay (it is not on your card) and if authorization is required. Many policies limit the number of sessions in a calendar year. Depending on your diagnosis, you may be entitled to an additional 40 sessions a year. You should be aware that if

you're using insurance benefits, they require that the claim is submitted with a mental health diagnosis. Some plans require authorization for ongoing treatment. I must submit a treatment plan that includes a summary of your problems. They also may ask for copies of your record. If you are receiving services as a result of a motor vehicle accident, Pennsylvania law requires that copy of the note for each session be submitted with the bill. Just because your insurance policy lists mental health coverage does not mean that you will automatically be covered. Many policies exclude psychological testing and treatment for certain diagnoses. They require that services are a medical necessity.

#### CONFIDENTIALITY

In general, confidentiality of all communications between client and psychologist are protected by law. There are some situations where I am legally required to take actions to prevent you from harming yourself or others - even if it means revealing confidential information. For example, in cases of suspected child or elder abuse I am a mandated reporter. If you are threatening bodily harm to another person I must notify that person and/or the police. I may need to seek involuntary commitment to a hospital if you are threatening to harm yourself or someone else. I may also contact a family member or others who can help provide protection. I am legally required to report to the State those clients whose diagnosis impairs their ability to drive.

In Pennsylvania, a child of at least 14 years has the right to obtain services without the consent of their parents as well as to control what information is released. To build trust, I will not talk to a parent alone once therapy has begun with a child no matter what the age. It is important that a child/teen feel free to discuss issues/concerns/feelings without worrying that their parents will find out. If I feel there is information that the parent should know, I will bring the parent(s) into a session. Pennsylvania law requires that I have the consent of both parents to treat a child if they are separated or divorced.

Although your insurance company will tell you they abide by HIPPA and information received is confidential, I cannot guarantee your information will be kept so. Your diagnostic and service codes are often shared with a national data bank. You may also be contacted by your insurance company asking if you want a health coach to help manage your depression. The only way that I can guarantee that your records and the fact that you have been in therapy will remain confidential is for you to choose not to use your benefits.

Most insurance companies encourage that I share information with your PCP. If you do not want that, I will have you indicate that on the release of information form.

I may on occasion seek consultation from another professional about your case. If I do, I will make every effort to avoid using identifying information. The consultant is legally bound to keep the information confidential. Unless you request otherwise, I will not tell you about these consultation unless I feel it is important in our work together.

#### CUSTODY ISSUES

It is my policy not to release records for or to comment on custody issues. This is for the protection of all parties. Custody evaluations involve meeting with all children and parents and requires an expertise that I do not possess. I will be happy to refer you to a provider who performs such evaluations should the need arise.

#### CONTACTING ME

You may call my office number (480-5751) at any time. If you reach my voice mail, you may hit the # sign to avoid listening to my message. Please note if you do this there will not be a beep – just start talking. Information left on my voice mail is confidential as I am the only one who can retrieve messages. Please leave your phone number as I may retrieve your message from outside my office. I check my messages frequently throughout the day.

#### EMERGENCIES/URGENT CONCERNS

If you are experiencing a mental health crisis outside of normal business hours, please call me on my cell phone (450-3688). You may also call Crisis Services (456-2014 or 800-300-9558) or go to the Emergency Room at either St. Vincent Health Center or Millcreek Community Hospital. When I am out of town, the message on my voice mail will have the name and number of the covering psychologist.

#### CONCLUSION

I look forward to our work together. If you have any questions or concerns at any point, please feel free to raise them. This document is yours to keep.