**Service Agreement and Consent Form**

Welcome to The Therapy Center! We aim to provide you with a professional service in a comfortable, safe, and friendly environment. This document will convey useful information about your rights and responsibilities as a client. Please let me know if you have any questions or concerns regarding the information below.

**Psychological Service**

Outpatient psychological services may include diagnostic services, psychological assessment, parent training, behavior consultative, and individual therapy. Dr. Klein utilizes evidence-based therapies and approaches in her clinical work, including behavioral and cognitive-behavioral techniques.

The expectation is that you or your child will benefit from my services that are based on sound research; however, there is no guarantee about the degree of benefit that will occur for your child. If Dr. Klein cannot help you, she is obligated to refer you to someone who may have more experience/expertise in a specific area. Please note that if you are divorced and have a shared custody arrangement, consent to treatment of the child will need to be obtained by both parties before services can be rendered. Dr. Klein does not become involved in custody disputes. If you are looking for recommendations regarding custody issues, Dr. Klein will refer you to a professional who has expertise in this area.

As part of providing psychological services to your (or your child) we will need to collect and record personal information from you that is relevant to the current situation such as developmental background; medical, social, and educational history. This information is a necessary part of your or your child’s psychological assessment and treatment and is only seen by the psychologist. The information is retained to document what happens during sessions and enables the psychologist to provide relevant and informed psychological services.

An informed consent involves being knowledgeable of the information and policies included in this form. Please review the following policies. Your signature at the end of this form indicates that you understand the information and agree to the policies as stated. If you have any questions about the assessment and or therapy process or my approach, please ask questions as they arise.

**Educational and Licensing Information**

Dr. Klein is a Licensed Psychologist in the State of Kansas and Board Certified Behavior Analyst. She holds a Master’s Degree in Clinical Psychology and a Psy.D. in School Psychology from Minnesota State University, Mankato. If you would like to see Dr. Klein’s Curriculum Vitae, please visit www.therapycenterwichita.com.

**Confidentiality**

Clients have the right to confidentiality during psychological services with a few exceptions. All personal information gathered by the psychologist during sessions will remain confidential unless:

1. It has been subpoenaed by a court or authorized by law.
2. Failure to do so would place you or another person in serious risk such as but not limited to threatening to harm yourself or someone else.
3. Your prior approval has been obtained such as releasing information to another agency or mental health provider. In the case of a child, the parent would need to consent to release information.
4. You should be aware that most insurance companies require you to authorize Dr. Klein to provide them with a clinical diagnosis. Sometimes, Dr. Klein must provide additional clinical information such as treatment plans or summaries, or copies of your entire record.
5. You have a right to access your records as the laws and standards of psychology require treatment records to be kept. Due to the professional nature of these records, they may be misinterpreted by untrained readers. If you wish to see these records, Dr. Klein recommends that you review them with her so that you can discuss the contents together; however, upon written request, you are entitled to receive a copy of these records, or a summary prepared by Dr. Klein.
6. When treating teenagers, they are more sensitive to information being released to their parents. If your teenager does not trust Dr. Klein, they she cannot help your child. As a result, Dr. Klein will typically give parents general information regarding therapeutic progress and avoid giving specific details unless the adolescent is in danger of hurting themselves or others.
7. Once a child turns 18, all information is confidential and requires written permission to release information.

**Appointments/Cancellations**

Please call (316) 636-1188 to schedule your appointments. Please notify the Therapy Center 24 hours in advance to cancel or reschedule; this allows other clients waiting to be seen to schedule an appointment.

**Contacting your Psychologist**

Due to the nature of psychological work, your psychologist may not be immediately available by phone. If you need to talk to your psychologist, call the Therapy Center (316) 636-1188. If your psychologist cannot speak with you at that time, leave a message on their voicemail and your call will be returned as soon as possible. In the case of a mental health emergency in which you are unable to reach Dr. Klein, contact your primary care physician, or psychiatrist, or call Comcare’s crisis number (316) 660-7500. In cases of immediate danger, you should go to the nearest emergency room or call 911.

**Fees**

Please contact your insurance company to determine if services provided are covered. Fees are due at the time of service. The fee is $210.00 per hour for the following services:

1. Initial Evaluation/Intake: This includes developmental background, medical history, social functioning, and educational history. The initial examination may require 55 to 90 minutes.
2. Individual Therapy: Sessions after the initial evaluation that do not include assessment. The sessions are typically 53-60 minutes; this fee also applies to other services that are not covered by insurance including letter writing, attending meetings (e.g., IEP meetings), and phone consultation.
3. Behavioral Consultation: I provide expertise in the area of Applied Behavior Analysis and can be hired to provide consultative services for children with behavioral challenges. This service would include conducting a Functional Behavior Assessment of problematic behaviors as well as develop Behavioral interventions. This fee would apply to driving time, report writing, as well as direct services.
4. Psychological or Psycho-educational Assessment: This would typically include an intellectual, behavioral, personality, emotional, adaptive, social or behavioral assessments. Typically, a full assessment requires 6 hours or $1260.00. This amount may vary (e.g., 4 to 8 hours) depending on the complexity of your case. Note that insurance companies do not reimburse for the assessment of learning problems such as Dyslexia. On these occasions, you will be responsible for payment for all or part of this service on the day of the assessment.

For confidentiality reasons, some clients prefer to assume responsibility for the fees of services. Others may utilize insurance to assist with the fee for services. If insurance reimbursement is used, clients will likely be responsible for a portion of the service fees as specified by most insurance plans. If you choose to use your insurance, it is very important that you discover what mental health services your insurance policy covers including anything that insurance might exclude, deductibles that might apply, and co-payments that apply to the services provided.

“Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with functioning. While a great deal can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Thus, all services that you believe to be necessary for you or your child’s progress may not be covered by your insurance.

You should be aware that most insurance companies require you to authorize Dr. Klein to provide them with a clinical diagnosis. Sometimes, Dr. Klein must provide additional clinical information such as treatment plans or summaries, or copies of your entire record. In order to seek authorization for additional sessions, this information will become part of the insurance company files and will probably be store in a computer. It is important to understand that Dr. Klein has not control over this information once submitted to the insurance companies.

If you choose to utilize your insurance benefits, our office will file the claims with your insurance company. Most insurance companies will send you a statement of benefits when they reimburse services. You are responsible for any part of the services not covered by insurance (e.g., copays, deductibles). Please double check with your insurance company to find out if Dr. Klein is a preferred provider.

I hereby understand and agree with the expectations listed in the above mentioned policy.

Patient Name Date

Signature Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Liesa Klein, Psy D