

JENNIFER BALLERINI, PSY.D

INFORMED CONSENT

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

ABOUT PSYCHOTHERAPY

Therapy is a change process that can help you feel better, improve your relationships, and fulfill your potential as a person. As part of this process, you will connect with potentially painful thoughts and emotions, and may experience some distress. This is a normal and often necessary part of emotional healing and growth, not unlike the muscle soreness you experience when you start a new exercise program. With that said, if any part of our treatment makes you feel uncomfortable or overwhelmed, please share that with me so we can make any necessary adjustments.

It's important to your success that we build a safe, collaborative, and warm working relationship together in therapy. I value feedback and collaboration in my relationships with my clients, and I strive to create an environment where you feel safe talking about all of your feelings and needs.

Counseling works best when it is consistent, so I typically recommend weekly sessions to get the best and quickest results. How long you'll need treatment will depend on your goals, your history, your current symptoms, and your commitment to doing the work required – both in session with me and at home – to get the results you want. Successfully changing old patterns and personal growth requires not just *wanting* things to be different, but courage, vulnerability, and dedication on your part.

While it is anticipated that psychological services will be helpful to you, there is the possibility that you will experience some life disruption and emotional distress. You are free to discontinue treatment at any time. If you wish, I will provide you referrals to other qualified professionals. I also reserve the right to terminate treatment at my discretion. Reasons for termination include conflicts of interest, failure to participate in treatment, needs outside the scope of my practice or my clinical competence, or lack of adequate progress in treatment.

Our first few sessions will involve getting to know you and an evaluation of your concerns and needs. By the end of the evaluation period, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me.

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After approximately 2-4 sessions, I will have a good sense about whether I am the right therapist for you and if the approach I use seems the right approach for you and your relationship, and if not, then I will give you referrals to other providers whom I believe are better suited to help you. In brief, an initial evaluation lasts from 2-4 sessions and during this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

SCHEDULING & CANCELLATIONS

Once we agree on an appointment time, I will reserve that slot for you on a regular basis. If you are unable to come to your session, please give me at least 24 hours notice, or you will be charged for the missed session. Missed session fees are due before the start of the next scheduled session. If you forget to pay for your missed session, I will send you an invoice.

Out of courtesy to me and to my other clients, **please do not come to the office when you or your family are sick.** If you're coming down with something (or getting over something) or if someone in your house is sick, please do me the courtesy of staying home. It not only affects me and my business, but all of the clients whose sessions I miss if I get sick. If you are ill but would still like to meet, just let me know and I'll be happy to meet with you via phone or video conference.

THERAPY FEES

I charge \$250 per 50-minute psychotherapy session. You can pay for your sessions via cash, check, Venmo, or PayPal. Please note that I cannot guarantee the security of third-party financial platforms. I reserve the right to periodically adjust my fees and you will be notified of any fee adjustment at least 4 weeks prior to the adjustment.

If you choose to use Venmo, for your own privacy, please mark the transaction as "private," don't friend me on the app, and please don't identify it as "therapy" or "counseling" in the "What's it for" box (the date or a fun emoji are good options instead).

If you choose to use PayPal, for your own privacy, please mark the box for "friends and family" vs. "paying for an item"/purchase protection when paying. Please don't identify it as "therapy" or "counseling" in the note (the date or a fun emoji are good options instead).

Please have your cash, check, or Venmo/PayPal payment completed by the start of each session, and make checks payable to LifeWork Therapy, Inc. This not only helps me make sure that we're using all of our 50-minute-session to focus on what's important to you, it also helps me stay on

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schedule and have the time I need to prepare for my next session. There is a \$50 additional fee for any returned checks. Outstanding balances must be paid before scheduling further appointments.

If we meet for longer than our usual time, or you require other professional services such as report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, or preparation of treatment summaries, I will charge you for the additional time on a prorated basis. Payment schedules for other professional services will be agreed to when such services are requested.

If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$350 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of \$50 for records requests or .25 per page, whichever is greater. If there is a legal request for electronic data or "metadata," proper assurance of HIPAA privacy protection requires the hiring of a HIPAA qualified expert to produce the required information. Any and all fees associated with the need for a HIPAA qualified expert to produce electronic data will be charged to you, even if the request comes from another party. Please be aware that if you wish to release your records or have my deposition/testimony and you have been in couples or marriage counseling/therapy with me, then I will need a release from BOTH you and your partner/spouse to release the records or verbal testimony.

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

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it may provide some coverage for mental health treatment. Please be aware that couples counseling is not always a covered benefit, so it is important to call your plan administrator to determine if your counseling fees are reimbursable. It is important that you find out exactly what mental health services your insurance policy covers. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. Insurance companies cannot be billed for missed or late cancel appointments, and you are solely responsible for paying the charge of the scheduled appointment.

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You should also be aware that insurance companies required that I provide them with your clinical diagnosis. Sometimes I 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, 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. Please understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary. You always have the right to pay privately for my services to avoid any concerns or problems with the insurance companies.

EMERGENCIES & AVAILABILITY

Though I am usually in my office between 10 a.m. and 6 p.m. most weekdays, I will likely not be able to answer the phone if you call me, as I am usually meeting with clients during those hours. If I'm unavailable, please leave me a message on my voicemail. I check my messages frequently and I will make every effort to return your call within 24 hours of contacting me, with the exception of weekends and holidays. If it may be difficult to reach you due to your schedule, please let me know some good times to call you back. If you are unable to reach me and feel that you cannot wait for me to return you call, contact your primary care 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.

COMMUNICATION POLICIES

The use of various types of electronic communication is common now, and many people believe this is the preferred method of communication with others, whether the relationships are social or professional. Many of these common modes of communication however, put your privacy at risk and can be inconsistent with the law and standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with the ethics and the law. If you have any questions about this, please feel free to discuss this with me.

Email and Text Communications: I use email and text messaging primarily for administrative purposes unless we have made another agreement. This means that email exchanges and text messages should be limited to things like setting and changing appointments and other practical (non-clinical) issues. Please do not email or text me about clinical matters because email and text

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are not secure ways to contact me. If you need to discuss a clinical matter with me, please call me so we can arrange a phone appointment time or wait so we can discuss it during your next scheduled appointment with me. If you choose to use email or text communications with me, you are indicating that you understand and accept the risks of such communication, and you release me from liability.

In addition to the security issues, I've found it is much more beneficial clinically if we talk about your concerns in session vs. sending it to me in writing. This allows us to process your concerns relationally and while being able to not miss out on verbal and visual cues.

Social Media: I do not communicate with, or contact, any of my patients/clients through social media platforms like Twitter, Facebook, Instagram, or LinkedIn. These types of casual social contacts can create security risks for you.

CONFIDENTIALITY & PRIVACY

In general, the law protects the privacy of all communications between a patient/client and a psychologist, and I 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 me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony or your records if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or has been abused, I must make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another person, I am 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, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

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

Please note that confidentiality does NOT apply between couple or family members who are seeking treatment with me. I have a "no secrets" policy and use my clinical judgment in deciding whether to divulge information you disclose to me individually.

I will be happy to discuss any of these issues with you and provide clarification when possible.

YOUR AGREEMENT

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

I understand this consent form and accept it as the terms of my participation in psychotherapy with Dr. Jennifer Ballerini.

Printed Name	Signature	Date
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