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CONSENT TO TREATMENT

Welcome to my practice. In order to develop a good working relationship between us I want to provide you with some basic information. This includes an introduction to the therapy I provide, as well as relevant office practices. It also includes important information about the laws which cover psychotherapy, including confidentiality and privacy information. This information will answer many questions, and I encourage you to raise any remaining concerns about our work together.

Please read this agreement and the Privacy Notice carefully. You will return only the signature page and once signed it will indicate an agreement between us to engage in work together.

THE TREATMENT PROCESS

I offer individual, group and couples psychotherapy, as well as couples' or family therapy in combination with individual therapy. My orientation is eclectic, which means I incorporate a number of different theoretical perspectives and treatment techniques. These include psychodynamic, trauma, cognitive behavioral, relational and systems approaches, as well as EMDR. I work with each client to establish treatment goals. In contrast to a standard medical doctor visit, psychotherapy is a very collaborative treatment, one which calls for a very active effort on your part, where you will work on the things we talk about both during the appointments and outside of them. It is often hard to tell in advance how long the therapy process may take, but I will be glad to talk with you about this issue.

A standard individual or couples session is scheduled for 45 minutes and typically we will begin by meeting on a weekly basis. As I complete the initial evaluation, we can then discuss issues such as frequency and length of sessions and at times these may be altered depending on your goals, financial resources, and our mutual assessment of what will be best for you.

Psychotherapy involves both risks and benefits. Risks include the possibility of experiencing uncomfortable levels of feelings, such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy also may involve recalling unpleasant aspects of your personal history. Throughout the course of the treatment, I will encourage you to talk about any negative effects in order to minimize your distress as much as possible. On the positive side, psychotherapy has been shown to benefit most people who undertake it. It often leads to significant reduction in feelings of distress, improved relationships, and resolution of specific problems. As with any treatment, there are no guarantees about the outcome.

As part of our initial evaluation session(s) I will tell you my impressions and make some recommendations. You can then think carefully about whether you feel comfortable working with me. If, at any point, you have questions about the process of therapy or any aspect of our work, please raise them with me.

CONFIDENTIALITY

The law protects the privacy of your communication with me. The basic rule about privileged communication is that the confidentiality of all conversations and records is protected by law and cannot be shared with anyone outside of my office without your written request or consent. Your signature on this Agreement provides consent for a range of communications, including those which involve providing treatment, arranging for payment, or managing the operations of my office. These types of communications include, for example, speaking with your primary care physician or psychiatrist (if you have one), providing the information to your insurance company necessary for billing, and the use of my answering service. It includes my use of consultation from professional colleagues to enhance the effectiveness of my work, and the provision of necessary information to a covering therapist at times when I am unavailable. Also covered under this communication is the use of other methods to collect payment, such as small claims court or collection, if payment has not been made. For collection of payment only information regarding dates, nature of services and financial data would be released.

There are some situations where I am legally obligated to take actions which may violate confidentiality in order to protect others from harm or meet legal obligations. These include times when I judge a client to be at risk of severely harming himself/herself or others, or when a child or other protected person may be being abused. There are also some legal situations where psychotherapy records may be disclosed, such as child custody, government oversight, or when a complaint is filed against me by a client.

Please see the Massachusetts Notice of Privacy Practices form for more details on this complex topic.

COUPLES THERAPY

I have established policies and procedures for working with couples in order to protect the work we will do together. First, when I am working with a couple I will keep one confidential record that documents our work. The written consent of both members of the couple will be required to release this medical record, unless required by law. In order to maintain a therapeutic environment for couples therapy I maintain a policy of no involvement in legal cases involving any client seen for couples' work presently or in the past. By signing below you are agreeing not to request, subpoena or attempt to acquire any of my clinical records for legal action such as divorce or custody.

Because the couple is my client in couples therapy, it is essential that both partners be present before a counseling session will begin. *If one partner does not come to a scheduled session, the session will be canceled and you will be charged for the missed session.* I will not see any partner individually unless agreed upon in advance with the knowledge of both parties.

While the work with a couple is focused on building the relationship between the couple, each member maintains the right to terminate the couples work at any time.

MINORS AND PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my general policy to request an agreement from parents that they consent to give up their access to their child's full records. If they agree, during treatment I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's agreement unless I judge that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

OFFICE POLICIES AND PROCEDURES

1. Availability

Office Hours: Clients are seen by appointment. A limited number of early morning, late afternoon and evening hours are available.

Contacting me: You can leave confidential messages on my voice mail at (781) 461-6361 at any time. If you need to reach me between appointments, I regularly retrieve messages during business hours, and will return your call when possible, usually within the same business day. If you need to reach me more quickly, or outside of business hours, you may dial "0" on the voice mail menu to speak with an operator, who will then try to contact me. As I do not carry a beeper, this can mean a delay, but I will return your call as soon as possible. If you are experiencing a dangerous crisis or cannot wait for me to return your call, please go to your local Emergency Room or call 911 for urgent assistance.

E-mail: If you wish to email me, you can do so at dredelson@jillaedelsonphd.com. Because e-mail messages are not secure I encourage you to use e-mail primarily for scheduling purposes. I will generally respond by phone except for scheduling. I do not use e-mail for emergency contact and do not check for office messages outside of business hours. If you need to reach me quickly, please use my answering service.

Coverage: If I expect to be away from the office, I will inform you about my anticipated absence in advance. If we both feel it would be helpful, I will make every effort to provide you with the name of another therapist you can call or meet with in the interim. There is always someone covering my practice in my absence, and you can get the name of that person by calling my office (781) 461-6361 VM#1.

2. Missed Appointment Policy

Your appointment time is reserved for you, and is not easily filled if cancelled on short notice. **I charge my full fee for most missed or canceled sessions not canceled 24 hours (one business day) in advance. (Insurance companies will not provide reimbursement for missed appointments so you would be responsible for payment.)**

FEES AND INSURANCE ISSUES

My regular fee for an initial appointment is \$210 and thereafter a regular 45 minute session charge is \$170. If we meet for longer or shorter periods of time, that fee changes accordingly. I periodically raise my fees and will notify you in advance of an anticipated increase. If, in addition to the normal therapy sessions, consultations with other professionals, institutions, or family members are necessary, the fee will be at the regular rate, prorated based on the amount of time spent by me.

If you need to talk with me outside of session time, by phone, any phone call lasting 10 minutes or longer will be billed on a prorated basis.

In the event that you (or possibly your lawyer or another professional) request an additional service such as a written report, a court appearance, or a special consultation on your behalf with another professional, it is important that you let me know well in advance so that I can arrange my schedule. Accordingly, you should be aware that my fee schedule for such services includes preparation and travel time and is usually higher than my fees for regular office visits. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

To prevent clients from finding themselves with large outstanding bills which may create financial difficulties, I ask that people pay per session, at the time of service. Also, please be aware that failure to pay in a timely manner may result in termination of services.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you are a member of one of the insurance groups I contract with, I will submit claims directly to the insurance company; I will ask you to pay me the copay at the time of the session. You will be responsible for any outstanding balance not covered by the insurance company, as allowed by the contract. For other types of insurance, I will be happy to provide you with the documentation necessary in order to submit for reimbursement. Please ask me directly about special insurance problems or considerations. 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. Consequently, it is very important that you find out what mental health services your insurance policy covers by carefully reading the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available in advance. "Managed Health Care" plans such as HMOs and PPOs often require authorization before and during the treatment to determine "medical necessity" and hence payment. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. If you wish to continue your therapy and insurance benefits are exhausted we can arrange for you to pay in order to continue.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Often I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record (excepting the Psychotherapy Notes). In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. 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. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

PROFESSIONAL RECORDS

I am required by law and professional ethics to keep appropriate treatment records. Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your Clinical Record if you request it in writing unless I believe that access would endanger you. In those situations, you have a right to a summary and to have your record sent to another mental health provider or your attorney. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee on a per page basis (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request.

In addition, at times I also keep a separate set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes. You may examine and/or receive a copy of your Psychotherapy Notes (if there are Psychotherapy Notes) unless I

determine that it would adversely affect your well-being, in which case you have a right to a summary and to have your record sent to another mental health provider or your attorney.

PATIENT RIGHTS

HIPAA provides you with rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have already taken action on it, if there are obligations imposed on me by your health insurer in order to be paid, or if you have not satisfied any financial obligations you have incurred.

Please sign and return the signature page to me.

PLEASE CONTINUE TO NEXT PAGE.

PSYCHOTHERAPIST - CLIENT SERVICES AGREEMENT

PLEASE COMPLETE AND RETURN TO DR. JILL EDELSON:

I have read the above information and have the following questions:

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

(Name)

(Signature)

(Date of Birth)

(Date)

(For couple both need to sign):

(Name)

(Signature)

(Date of Birth)

(Date)