

INFORMED CONSENT FOR TREATMENT

I, _____, have requested that Dr. Rebecca Frederick or other designated representative of Frederick Psychological Services provide psychological services to me or to my minor child. I have read and understand the Policies and Procedures of Frederick Psychological Services. I understand that by signing this document I am giving my clinician permission to evaluate and treat my presenting concerns and to follow the applicable laws governing confidentiality.

Confidentiality

I understand the Rhode Island Law pertaining to confidentiality of all psychological records and communications. Specifically, I understand that discussions between a therapist and a client are confidential. No information will be released without the client's written consent, except in the specific circumstances mandated by law: (1) disclosure of harm or intent to harm another, (2) disclosure of intent to harm oneself, (3) situations in which a judge issues a court order for the release of records. I also understand that I am releasing and holding harmless my therapist to share that specific information mandated by law or as required by an insurance company if I should seek reimbursement. (If you have questions regarding the limits of confidentiality please bring them to the attention of your therapist.)

POLICIES & PROCEDURES

BILLING

A representative of Frederick Psychological Services (FPS) will contact your insurance company to verify your Behavioral Health coverage; however, "verification" is not a guarantee of payment. For this reason, please be aware that you are ultimately responsible to pay all fees for services FPS renders on your behalf that are not covered by your insurance. Please keep FPS updated with current insurance information and immediately inform the office of any change in your insurance coverage. **Payment for all copays and deductibles are to be collected at time services are rendered.** If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, FPS has the option of using legal means to secure payment.

LATE CANCELLATION/MISSED APPOINTMENT POLICY

Please understand that we strive to accommodate all patients and try to avoid waiting lists for appointments and do require a minimum of 24 hours' notice for cancellation of appointments. If notice is not received, or an appointment is "missed", the Responsible Party will be charged a fee of \$50 the first time, \$100.00 for the second time. If more than two appointments are missed or cancelled with less than 24 hours' notice, services may be terminated. NOTE: Certain State funded programs prohibit patients from being billed for not showing for an appointment. In such cases, if the patient misses two scheduled appointments, services will be terminated.

I have read the POLICIES AND PROCEDURES of Frederick Psychological Services and agree to the terms and conditions outlined in them. I understand my insurance policy and agree to pay all fees incurred (copay, deductible, etc.) for professional services rendered by Frederick Psychological Services.

Signature of Client or Client Representative (Parent/Guardian)

Date

Client Name

Date of Birth

Emergency Contact with Phone Number