

# INFORMED CONSENT FORM - Adults

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## ASSESSMENT/PSYCHOTHERAPY CONTRACT

Welcome to my practice. I am a licensed clinical psychologist in New York (#017-633) and board certified by the American Board of Professional Psychology (ABPP). This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### PSYCHOLOGICAL SERVICES

I provide assessment and psychotherapy services to adults in New York State. There are many different methods I may use to deal with problems; the therapy interventions fall into cognitive and behavioral categories. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable emotions. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. I use evidence-based cognitive-behavior therapy treatments, but there are no guarantees as to what you will experience in terms of outcomes.

My services are delivered 100% in video tele-health format. This occurs via a secure HIPAA-compliant platform. I am a licensed clinical psychologist in New York. You must be a New York resident and physically present in New York when receiving services. Services are 100% voluntary on your part. To participate in services with this practice, you will need 1) agree to the terms of this informed consent form; 2) provide an appropriate State photo identification demonstrating New York residence; 3) attest to your presence in New York at each session by electronic signature in the patient portal; 4) verbally verify your presence in New York at each session; and 5) participate in video tele-health services via secure HIPAA-compliant videoconferencing program which also verifies your presence in New York. If you are not in New York State, you will not be able to receive services at that time since I am not licensed to practice clinical psychology in any other state. *There may be instances in which referral to a face-to-face psychologist or therapist is more appropriate to meet your needs. Should your needs exceed the scope of my practice, I will discuss referral options as needed with you as soon as possible. Examples in which someone may need a higher level of care in a hospital or clinic setting include but are not limited to safety issues such as suicide thoughts; chronic or re-occurring suicide thoughts; co-occurring substance abuse problems; severe eating disorders; those needing inpatient care; and those needing both psychotherapy services and psychiatric medication management offered in a face-to-face clinic setting.* I am not a medication provider.

Our first 1-2 sessions will involve an evaluation of your needs. This will primarily consist of an interview about symptoms/problems and personal history. In some instances, I may recommend psychological testing to clarify diagnosis. By the end of the evaluation, 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. Treatment plan will include an estimated treatment length. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I can provide referrals to other practitioners who may better meet your needs.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them as soon as possible when they arise. I am also able to refer you for a second opinion or to another psychologist or therapist as needed per your request. Participating in therapy is a voluntary process. There are alternatives to therapy such as working with a medication management provider to address symptoms. Medication management services are not offered through this practice. Some individuals also choose not to address identified problems; there are risks associated with not addressing problems (e.g., continued difficulties in specified areas; worsening problems; etc.); however, deciding to participate in therapy is completely a voluntary process.

I provide individual psychotherapy to adults age 18+ in this setting. I do not offer group, family, or couples' therapy in this setting.

#### KEEP IN MIND:

- Psychotherapy services delivered 100% in video tele-health format
- Must be present in New York at the time services are received; your presence in NY will be verified by self-report and via tele-health program platform
- I am unable to see Military members or Veterans in this setting due to my full-time employment arrangement

#### MEETINGS

I normally conduct an evaluation that will take 1-2 sessions. 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. If we agree to begin psychotherapy, I will usually schedule one session per week. Sessions typically last about 45 minutes. Once an appointment is scheduled, you will be expected to pay a fee for the session (\$100) if you are a no-show or same-day cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to re-schedule the appointment. My practice is limited to certain evenings and some Saturday morning hours. Practice hours are subject to change. The appointments are completed via video tele-health format. I am a licensed psychologist in New York State. You must verbally verify that you are present in New York State at the time of the session; use of the tele-health program also must verify that you are in New York State. It is required that you are present in New York State at the time of the session. I will inquire as to your location at the beginning of our meeting.

## **PROFESSIONAL FEES**

My fees are as follows for cash-paying clients:

- Initial appointment/assessment (\$200)
- Psychotherapy session of any length (\$200)
- Psychological testing (\$200 per hour), to include administration, scoring, and interpretation
- Other services (\$200 per hour), to include but not limited to report writing; meetings with other professionals you have authorized or requested; preparation of treatment summaries; requested letters that we discuss and agree are within the scope of my practice; and time spent performing any other services you request of me.
- No-show or cancelation within 24 hours (\$100 fee)
- There are no fees for electronic copies of records delivered through the portal.

## **BILLING, PAYMENTS, AND INSURANCE PAYMENTS**

For cash-paying clients, you will be expected to pay for each session at the time of the session. All payments are collected and managed through the Headway platform. For those participating with their insurance plans accepted by this practice, all insurance payments, fee collections, and submissions will be managed through the Headway platform. Clients are responsible for making the required payments and should direct any questions to the Headway billing department. By signing this consent form, you are also agreeing with all billing/payment procedures associated with the Headway platform. I am unable to provide services to Military members or Veterans in this setting due to my full-time employment.

## **CONTACTING ME**

I am not available by telephone for emergency services. When in my office, I will not be available to answer the phone because I am with clients. When I am unavailable, my telephone is answered by an answering machine or my Practice Manager (office manager). I will make every effort to return your call as soon as possible, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. I do not offer emergency services. In the event of an emergency, contact the nearest hospital emergency room or call 911. We will develop a safety plan at our first meeting. I will ask you to identify an emergency contact person who is near your location and who I can contact in the event of a crisis or emergency to assist in addressing the situation.

If the session is interrupted for any reason (including issues with technology), and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me at my practice's number (315-755-6500).

If there is a technological failure and we are unable to resume the connection, we can speak by phone to complete the session or you may receive a refund for the session.

## **CONFIDENTIALITY**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our telepsychology. No one will record our sessions. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I use a secure, HIPAA-compliant platform. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions; having passwords to protect the device you use for telepsychology; making sure you are in a private location when completing your session).

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. Below are situations in which I can break confidentiality.

- Legal: 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 if he/she determines that the issues demand it, and I must comply with that court order.
- Abuse/Maltreatment/Neglect: 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 client's treatment. I am required to make report(s) for suspected child, elder, or dependent adult abuse or neglect. I am required to make reports if you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic/digital media or exchanges, a film, photograph, or video in which a child is engaged in an act of obscene sexual contact.
- Harm to self or others: If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself or others, I may be obligated to seek hospitalization for him/her; contact the police; and/or 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. If you are a danger to yourself or others, I may be obligated to seek inpatient treatment. If your level of impairment is so severe that you cannot care for yourself, I may be obligated to seek inpatient treatment.
- Case consultation: I may occasionally find it helpful to consult other professionals about client care. During a consultation, I make every effort to avoid revealing the identity of my client. 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.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

## **BENEFITS AND RISKS OF TELEPSYCHOLOGY**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone (this practice uses video conferencing). One of the benefits of telepsychology is that the client and psychologist can engage in services without being in the same physical location. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- **Risks to confidentiality.** Because telepsychology sessions take place outside of the therapy office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our sessions by using a secure device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation; it is your responsibility for you to ensure you are in a private area where others are not present.
- **Issues related to technology.** There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. I take reasonable steps and use a secure platform but cannot guarantee there are no risks. When you sign this document, it will represent an agreement between us and that I will not be held responsible for any unauthorized access by unauthorized people or companies.
- **Crisis management and intervention.** Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop a safety or emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
- **Effectiveness.** Research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely. I will inform you if I notice any such potential barriers to effective therapy; it is also your choice whether to participate in telepsychology services; services are completely voluntary; you may opt to work with another provider in a traditional face-to-face office setting at any time.

## **ELECTRONIC COMMUNICATIONS**

This practice uses videoconferencing technology. It utilizes a secure, HIPAA-compliant platform. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology. You will need a device that includes video and audio capabilities.

As part of the practice, I use a secure client portal included in my electronic health record software; use of the portal is a requirement to participate in the practice since services are provided remotely and not in a face-to-face office setting. The portal allows us to review and sign required documents needed to receive services. Please do not communicate clinical-related questions about assessment or treatment through the portal; please ask these during the course of our meeting times. Also, I do not regularly check messages in the portal, so these methods **should not** be used if there is an emergency. You may contact my office by phone to make or change appointments.

## **RECORD MAINTAINENCE**

I am required to keep appropriate records of the psychological services I provide. Once services are completed, I will maintain your records for the minimum amount of time as required by New York law (six years). In the event that my practice closes, your records will be maintained by me or a medical record custodian of my choice for the minimum amount of time required by New York law (six years). You will be contacted in writing by mail at your last known address should the practice use a medical record custodian.

## **EMERGENCY TRANSFER OF CARE**

In the event of my unexpected death at the time I am practicing as a psychologist, the practice manager or legal designee will contact you to coordinate transfer of your care to another provider or clinic identified by us as part of an emergency transfer of care plan. It will be your responsibility to set-up services with your new provider after contacted by the practice manager or legal designee. You may obtain copies of your records through the medical record custodian; medical record custodian contact information will be provided by the practice manager or legal designee. In case of disaster or unforeseen circumstances in which all parties associated with this practice are deceased, check the practice's website announcements for further directions (advancedwiseps.health).

## **PHONE, WEBSITE, PORTAL, VIDEO, BILLING/PAYMENT/INSURANCE**

Below is key information about the practice, contact information, and how services will be delivered:

- Phone number: (315) 755-6500 (secure line)
- Website: advancedwiseps.health
- Video sessions will be held through Doxy (<https://doxy.me/drjasonwise>)
- Use patient portal to review/sign documents

- All payment/billing/insurance will be managed through Headway

## **ADDITIONAL RIGHTS AND RESPONSIBILITIES**

1. You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.
2. If you are unhappy with what is happening in therapy, I hope that you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request referral to another therapist.
3. You have the right to considerate, safe, and respectful care without discrimination.
4. You have the right to ask questions about any aspects of therapy, my training, and my experience.
5. In circumstances that lead me to conclude that your counseling needs would be better served with another facility or provider, I will suggest an appropriate provider or agency.

## **NOTICE OF PRIVACY PRACTICES**

I have received and reviewed a copy of the Notice of Privacy Practices.

Your signature below indicates that you have read the information in this document and agree to the terms and conditions noted.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_