
Information and Policies

Confidentiality: What you say in a counseling relationship is protected by law. We will work hard to protect your confidentiality and your legal rights to privacy under the law. Legal exceptions to this law include revealing intent to harm yourself or someone else, information about an abused child or a court subpoena for records. We will be glad to furnish you with a copy of our Notice of Privacy Practices, which details our privacy policies, at your request, or you may read it online at <http://www.indypsych.com/hipaa.htm>.

The Therapeutic Process, Benefits and Risks: The therapeutic process can be beneficial to you in many ways. We will endeavor to work together to reach personal goals, attain resolution for inner and interpersonal conflicts, symptom relief, healing for past wounds, and personal growth. In the pursuit of these changes some unpleasant emotions may arise and may cause emotional pain and disruption in other areas of life. This is a normal part of any process of change, and you should be aware of these risks before beginning psychotherapy. While positive gains are expected in psychotherapy there is no certainty of growth for any individual starting psychotherapy.

Length of Treatment: Therapy will end when you and your therapist decide that personal goals have been reached, or when it is determined that therapy is no longer benefitting you. You have the right to end or take a break from therapy at any time. Therapy works best when breaks or endings are discussed in advance with your therapist, to work towards a successful conclusion or closure.

Appointments: Standard practice is for your next appointment to be set up during each appointment. If you will be continuing, it is best to set up a regular and ongoing appointment time. Your therapist will be happy to assist you with any scheduling problems that may come up between appointments.

Phone calls: You may leave voice mail messages at the above numbers during the week. Your therapist will try to get back to you the same day if at all possible. Once you have established counseling services, you should contact your therapists' individual phone number for scheduling and counseling questions. Please note that Indypsych does not offer crisis or emergency services, so for emergency situations, please call 911. If you need recurring phone contact as a regular addition to your therapy, the fee is \$10 per 5 minute period. Each of our therapists can be reached by email in addition to voice mail, but please be advised that the confidentiality of email cannot be guaranteed, and your use of email to contact us assumes you are aware of this risk.

Cancellations: If you need to cancel an appointment, 24 hour notice is required. Appointments missed without 24 hour notice will be subject to charge at your regular counseling fee.

Fees: Fees vary depending on the educational level and experience of your therapist. The Fees at Indypsych currently range from \$50.00 for a student-intern to \$110.00 for a licensed clinical psychologist. We are able to process credit cards and medical savings account cards if you prefer this method of payment.

Hardship: If you are unable to pay for services at the standard rate, we may be able to agree upon a payment schedule depending on your income level. We are happy to provide you with the names of other Christian counseling professionals that may be able to serve you for lower fees, and we have counseling interns that accept reduced fees.

Other Resources: There are other resources in the community that might be of help to you. These include self-help groups, support groups, 12 step groups, church support groups, and social services agencies. Medication options prescribed by your physician may be of help as well.

Insurance & Billing: We prefer for you to pay your full fee at each counseling appointment. Indypsych does not provide any direct insurance billing services. We will be happy to provide you with a statement that you can send to your insurance company. Billing statements are generally sent out on a monthly basis, or when specifically requested. If your insurance company requires additional documentation, you may be charged for the time such documentation requires.

If you are expecting insurance to reimburse you for your counseling expenses it is your responsibility to understand your insurance companies' policy regarding your mental health coverage. You will be responsible for any counseling fees you incur.

Indiana Consent Law

Consent for Services: Indiana state law requires mental health providers to obtain a signed consent for services.

I, the undersigned, have read the above policies and understand and agree to them. I agree and consent to participate in the mental health services offered at I. I understand that I am consenting and agreeing only to those mental health services that my therapist is qualified to provide within the scope of his or license certification and training.

Signed: _____ Date _____

Printed Name: _____

Additional client signature (for marital or couples therapy): _____

Printed Name: _____ Date: _____

Fee Agreement. (please complete this section with your therapist at your first appointment.)

I understand that my hourly fee for counseling services will be \$____.00 per counseling session, payable at the beginning of each appointment.

Signed: _____

Therapist Signature: _____

Personal Information

Client information:

First Name: _____ MI: _____

Home Phone: (____) _____

Last Name: _____

Work Phone: (____) _____

Address: _____

Cell Phone: (____) _____

Birth Date: _____

City: _____ St. _____ Zip _____

Sex: Male Female

E-Mail Address: _____

Social Security # ____ - ____ - ____

Marital Status: Single Married Separated Divorced

Employment Status: Employed Full time student Part time student

Client's condition related to: Employment Yes No

Auto Accident Yes No Which State? __

Other Accident Yes No

Additional Client (if joint counseling)

First Name: _____ MI: _____

Home Phone: (____) _____

Last Name: _____

Work Phone: (____) _____

Birth Date: _____

Cell Phone: (____) _____

Address: _____

Sex: Male Female

Social Security # ____ - ____ - ____

City: _____ St. _____ Zip _____

Responsible Party (if other than client)

First Name: _____ MI: _____

Home Phone: (____) _____

Last Name: _____

Work Phone: (____) _____

Address: _____

Birth Date: _____

Sex: Male Female

City: _____ St. _____ Zip _____

Social Security # ____ - ____ - ____

How did you hear about us? I was referred to Indypsych through:

Christian Yellow Pages

Focus on the Family

The Internet

Church _____

Friend, family member or professional: _____