Informed Consent

Irene Matiatos, PhD, Licensed Clinical Psychologist

Date: _____

Name: _____

Welcome. This document contains important information about my professional services and business policies. Please read it carefully and feel free to bring up any questions. This constitutes an agreement between you and Dr. Irene Matiatos regarding the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated.

Nature of psychological Services

There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be able to handle the risks and experience at least some of the benefits. However, psychotherapy remains and inexact science. No guarantees can be made regarding outcomes. Treatment may be terminated at any point by either party.

Fee Related & Confidentiality

Unless there is a fee contract between the provider and your insurance company, Evaluation & Intake Interview appointments will cost no more than $300 USD. An Individual hour (i.e. 53 + minute therapy session) will cost no more than $250 USD. You will be expected to pay for each session at the time that it is held. If you become involved in litigation wherein you request or require my participation, you will be expected to pay for such professional time even if I am compelled to testify by another party. Payment schedules for other professional services will be agreed to when these services are requested. In financial hardship, you may negotiate a fee adjustment or installment payment plan. Once your appointment hour is scheduled, you will be expected to pay for it (even if it is missed) unless you provide 24-hours advance notice of cancellation. Insurance is not billed for missed sessions; thus, you will also be held accountable for the insurance portion of the fee.

Regarding your insurance I will provide assistance to facilitate your receipt of benefits, including billing and authorization calls or forms as appropriate. However, you are responsible for copays, deductibles, and any other charges insurance assigns to you. Carefully read your insurance coverage booklet that describes mental health services and call your insurer if you have any questions. Please be aware that most insurance agreements require you to authorize the provider to submit a clinical diagnosis, and sometimes additional clinical information such as treatment plans or summaries, or in rare cases, a copy of the entire record.

Once you understand your benefits, discuss them with me so you can decide what can be accomplished within the parameters of the benefits available to you and what will happen if the insurance benefits run

out before you are ready to end treatment. It is important to remember that you always have the right to pay for counseling services yourself if you prefer to avoid involving your insurer.

If you have an emergency, call the Emergency Room at your nearest hospital, or dial 9-1-1. In general, the law protects the confidentiality of all communications between a client and a therapist; I can release information to others about your therapy only with your written permission. However, there are exceptions: a client is a danger to self / others, a court orders a release of information, a client initiates a malpractice lawsuit; when a client is below 18 years of age, parents have rights to therapeutic information; a child or elder is abused or neglected, an elderly person is abused or neglected, insurance/managed care requests a diagnosis and / or relevant clinical information. Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Signature and Date

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