

Amy Provan, Psy.D.
Licensed Psychologist
Phone (443) 846-6146
MD License # 04508 • NPI # 1023499043

INFORMED CONSENT AGREEMENT

This document contains important information about my professional services and business policies. Please read it over carefully and let me know if you have any questions. When you initial and sign this document, it will represent an agreement between the two of us.

THE NATURE AND COURSE OF PSYCHOTHERAPY

Psychotherapy is a treatment designed primarily to improve one's quality of life. Its form can vary greatly depending on the particular problems that you bring forward. Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult thoughts and feelings, the experience may give rise to other uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. In addition, you may find your relationship with me to be a source of strong feelings, some of them painful at times. I encourage you to talk about these feelings during our sessions. Many people find that psychotherapy often leads to an increased insight, better relationships, solutions to specific problems, and reductions in feelings of distress. There are no guarantees of what you will experience.

_____ Initials

ABOUT ME

I received my doctorate in clinical psychology from Loyola University Maryland in 2005, and was licensed as a psychologist in 2008. I provide short-term and long-term psychotherapy to adolescents and adults. I work with a variety of concerns including, but not limited to, depression, anxiety, stress, relationship difficulties, family conflict, self-esteem, trauma, abuse, illness, grief/loss, personality disorders and emotion dysregulation. As a clinical psychologist, my goal is to help you overcome difficult circumstances; develop greater understanding and compassion for yourself and others; and work towards a life that is more meaningful and satisfying.

My private practice is located in my home office, which is just a mile from the driving circle in Towson.

PROFESSIONAL FEES

Individual psychotherapy (50 minutes).....\$160

Initial Consultation (90 minutes)\$200

Couples Intensive (90 minutes)\$200

These fees include reasonable time for phone calls, record keeping, and writing reports on your behalf. In the event that more extensive telephone consultations, letters, or written reports are required, a fee of \$160 per hour will be charged. Any additional fees will be discussed before they are incurred. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. I charge \$300 per hour for preparation and attendance at any legal proceeding. All fees are subject to change.

_____ Initials

PAYMENT AND BILLING

Payment is due at the time of service and can be made by cash or check. Checks should be made out to: Amy Provan, Psy.D. There is a \$25 fee for bounced checks.

In the event that fees are not paid within 60 days, an additional late fee of 2% will be charged per month. At 60 days past due, if your balance has not been paid, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due. No alternate payment arrangements are acceptable without my agreement.

_____ Initials

SCHEDULING AND CANCELLATION POLICIES

Once an appointment is scheduled, you are expected to pay for that session unless you cancel it at least 24 hours in advance (so that the appointment time can be offered to someone else). This policy is not meant to be punitive, and is completely unrelated to your reason for cancelling. It is designed solely to make my practice financially viable.

Sessions will start on the hour and will last 50 minutes. If you are late, we will end on time and will not run over into the next patient's session.

_____ Initials

INSURANCE REIMBURSEMENT

I am not a participating provider in any insurance networks, but will provide you with a statement each month, which will contain the information necessary for you to submit your claim to your insurer for reimbursement. Please make sure in advance that you are familiar with your mental health benefits, especially for out-of-network providers. If you have questions about your coverage, call your plan administrator.

Some insurance plans require that authorization for treatment be obtained at the start of treatment and then periodically throughout treatment. You are responsible for finding out from your insurer whether pre- authorization is necessary. This should be done as early as possible in treatment. You (not your insurance company) are responsible for full payment of my fees as specified above. This is the case even if your claim is denied or delayed by your insurance company.

_____ Initials

CONFIDENTIALITY AND LIMITS TO CONFIDENTIALITY

All information pertaining to your treatment will remain confidential unless you (and your parent/guardian, if you are a minor) give me written permission to release information about your treatment to others. Exceptions to this include but are not limited to: (a) releases required by insurers and managed care companies so that they can determine the "medical necessity" of your treatment, (b) releases based on my determination that you are an imminent danger to yourself or others, (c) releases involving the possibility of child abuse, (d) releases required by court order, (e) releases to ensure professional coverage when I am out of town, or (f) releases otherwise specified by Maryland law.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. If I ever transmit information about you electronically, it will be done with special safeguards to ensure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not considered a secure medium. Further, any email that I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

_____ Initials

POLICIES FOR MINORS

In the state of Maryland, a minor who is 16 years old or older has the same capacity as an adult to consent to mental health treatment. Any individual under the age of 16 is considered a minor. In order for a minor to receive treatment, a parent or legal guardian must understand and agree to this Informed Consent. Parents/guardians have the right to access their child's treatment records with or without their child's consent. However, it is my standard practice to receive an agreement from the parents at the outset of treatment to join the patient and me in session to discuss their concerns before obtaining any treatment record (so that the patient has a chance to understand the request and respond to it). If I believe the patient is in imminent danger of harming himself/herself or someone else, I reserve the right to notify a parent/guardian. I am also required to report the reasonable suspicion of abuse or neglect of a minor to the proper authorities. Besides these exceptions, all other confidentiality rules apply as mentioned above.

_____ Initials

CONTACTING ME

In the event of an emergency, call 911.

For non-emergency matters, you may call me on my cell phone 443-846-6146. I am often not immediately available by telephone. For example, when I am in session with a patient, my phone will be turned off and calls will go directly to voicemail. If you reach my voicemail, please leave your name, number, and a brief message, and I will get back to you as soon as possible. My policy is to take and respond to calls only between 9:00 AM and 9:00 PM. Messages left on my voicemail after hours will be responded to first thing in the morning. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your voicemail, contact the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

_____ Initials

RECORD-KEEPING

The laws and standards of my profession require that I keep treatment records. All written and electronic records will be maintained confidentially. I maintain physical records in a secure location that cannot be accessed by anyone else. For digital records, industry-standard security technology is used to safeguard your protected health

information. Consistent with state and federal laws, records will be retained for a minimum of seven years beyond the date of last professional contact and disposed of securely.

You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged a pro-rated fee for any time spent in preparing information requests.

_____ Initials

COMPLAINTS

If you're unhappy with what's happening in therapy, please talk about it with me so that I can respond to your concerns. I will take such criticism seriously, with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Examiners of Psychologists:

Maryland Board of Examiners of Psychologists

4201 Patterson Avenue
Baltimore, Maryland 21215-2299

Phone (410) 764-4787 • Fax (410) 358-7896

_____ Initials

CHANGES TO POLICIES AND PROCEDURES

If I ever revise these policies and procedures, I will make you aware of all changes and can provide you with an updated copy if requested.

_____ Initials

PATIENT CONSENT TO PSYCHOTHERAPY

Your agreement below indicates that you (and your parent/guardian, if applicable) have read the information in this document and agree to abide by its terms during our professional relationship. You are consenting to receive mental health care from Dr. Amy Provan, Psy.D. and understand that you are responsible for all fees incurred during treatment as specified above.

Name of patient: _____

Date: _____

Signature of patient: _____

Signature of parent/guardian (if applicable): _____

Date: _____

Therapist Signature: _____

Date: _____