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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Welcome to Pathways Psychology, PLLC, an independent practice of clinical psychology. I am pleased to have the opportunity to work with you. This document contains important information about my professional services, business policies, and confidentiality. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Please read this document carefully; I will be happy to answer any questions you may have about this information. When you sign the Psychological Services Agreement, it represents an agreement between us.

PSYCHOLOGICAL SERVICES

I provide two main types of services: psychotherapy and psychological evaluations for bariatric surgery.

Psychotherapy

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular challenges you are experiencing. There are many different methods I may use to deal with the problems that you hope to address, and I will be happy to discuss these methods with you and answer any questions you may have. Psychotherapy 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.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and frustration- this is to be expected. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific

problems, and significant reductions in feelings of distress. It is my goal to provide you with high quality psychological care, and to work with you to relieve the concerns that brought you into treatment.

Our first one to three sessions will involve an evaluation of your needs. 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. By the end of the initial evaluation period, 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. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If, in my clinical opinion, I do not have the training or skills to help you, I will provide you with referrals to clinicians with the appropriate experience. At the end of this initial evaluation period, we will make the decision whether or not to transition into an ongoing therapeutic relationship. If psychotherapy is begun, I will usually schedule 45-minute sessions (one appointment hour of 45 minutes duration) on dates and times that we agree upon together.

If you have questions about my procedures, we should discuss them whenever they arise- whether during the initial evaluation period, or at any point during your subsequent treatment with me. My goal is to provide a caring and collaborative professional environment, and I am open to hearing any concerns you may have. If your doubts persist despite our conversation, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychological Evaluations

I provide medically required psychological evaluations for bariatric surgery candidates. These evaluations are designed to determine psychological readiness for weight loss surgery, to rule out any significant psychological contraindications to proceeding with surgery, and to provide any recommendations indicated for improving surgery treatment outcomes. A psychological evaluation is not treatment. Evaluations involve a clinical interview and, usually, administration of psychological tests and assessment measures. I may also need to request and/or review prior medical and psychological records, or consult with past or current treatment providers, in order to complete your evaluation. These evaluations can typically be conducted in one meeting of approximately two to three hours. If additional meetings are needed, we can discuss this at our first meeting.

CONTACTING ME

Due to my appointment schedule, I am often not immediately available by telephone, and it is my policy not to answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. In the event of an emergency, if you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, call 911, or contact the nearest emergency room and ask for

the psychologist (or psychiatrist) on call. If you need to contact me between sessions due to a true emergency, I may be willing to waive my customary fee for phone calls in excess of 10 minutes. I will make every effort to return routine calls within 24 hours, with the exception of weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Email communication should not be considered completely secure or confidential and is best used only for administrative issues such as scheduling or changing appointment times. Emails should not contain any urgent content, since I cannot guarantee timely review of emails. Please do not email me about anything we have discussed, or that you may wish to discuss, in any of your meetings with me. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of internet service providers.

Text messaging should also not be considered completely secure or confidential. Due to privacy concerns, I do not use text messaging with patients.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on the Psychological Services Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. I will note all consultations in your clinical record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).
- I have contracts with other business entities, such as an accountant, fax program, and a clearinghouse for submitting insurance claims. As required by HIPAA, I have a formal business associate contract with these entities, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.
- Disclosures required by health insurers or to collect overdue fees are discussed in my Financial Policies.
- If I believe that a patient presents an imminent danger to his/her health or safety, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and my services are being compensated through worker's compensation benefits, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment. These situations (listed below) are unusual in my practice:

- If I have cause to suspect that a child under 18 is abused or neglected, or if I have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that I file a report with the County Director of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I believe that a patient presents an imminent danger to the health and safety of another, I may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action, and I will limit my disclosure to only what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

In order to protect patient privacy and confidentiality, my office policy does not allow the recording of any interaction- either in person or by telephone- without the express written consent of all parties involved.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others, or the record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I am allowed to charge a copying fee set by state law. The exceptions to this policy are contained in the Privacy Notice form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of your Services Agreement, the Privacy Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Prior to meeting with patients under 18 years of age, I conduct an initial interview with the patient's parent(s) or guardian(s) to review information such as the reason for seeking treatment, background history, confidentiality issues, and any legal and/or custody arrangements. If a minor patient's parents both have legal custody, I will notify both parents that the patient has begun therapy with me. Patients under 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, in some circumstances I may request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. I will also provide parents with a

summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Cristin M. Saffo, Psy.D.

Owner/Sole Member, Pathways Psychology, PLLC