

# DEBORAH G. KABRANE, LPC

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## INFORMED CONSENT PROFESSIONAL SERVICE AGREEMENT Rv.2011 pp. 1 of 3

**Welcome to my practice!** I am pleased to have the opportunity to share in the parts of your life that concern you now. This document contains important information about my professional services and private practice business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. 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. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs. Then in a collaborative effort you and I can begin setting treatment goals with 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 you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, or if you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives.

### **APPOINTMENTS, CANCELLATIONS, FEES, PAYMENTS AND BILLING**

Office hours are by appointment only. My usual and customary fee is \$120.00 per 50 minute session. Extended session time is pro-rated. Typically, I see active clients once a week. The frequency may increase or decrease based on need. It is my experience, therapy usually works best when a regular weekly or bi-weekly appointment is scheduled and kept consistently. I consider our sessions very important and ask you to do the same. The time we schedule will be set-aside exclusively for you.

**Please note that missed appointments or late cancellations are subject to a \$ 50.00 fee. To avoid cancellation fees, please provide 24-hours advanced notice via voice mail or text message on my cellular phone at 214-605-5801 or you may email me at [dkabranelpc@aol.com](mailto:dkabranelpc@aol.com).** Otherwise, you will be charged for the missed appointment. When advanced 24 hour notice is given, I will make every effort to find another time to reschedule your appointment and you will not be charged for the cancelled appointment.

Telephone counseling, consultations and treatment coordination with other professionals will be charged at the normal pro-rated fees. Clients may contact me by telephone for routine questions, scheduling issues, etc, without incurring a fee. Communication by email should be limited to brief messages and the client should be aware that email is not secured, and therefore may not be confidential. Each client / responsible party is responsible for fees incurred, including those denied by insurance, except under certain managed care conditions or unless arranged previously with me. Fees for consultations outside the office are \$150.00 per hour, including travel time, with a minimum one-hour charge. A detailed fee structure is available upon request.

**Payment is required at the time that services are rendered in the form of cash, credit / debit card or personal check. A fee of \$25.00 will be charged for any checks returned for insufficient funds.** A monthly fee of 1% of the unpaid balance will be charged each month an account is overdue. Special billing arrangements may be granted on an individual basis, but do not cancel your obligation to pay for services received. If it is necessary to enlist an outside agency or service to collect unpaid charges or handle a bill dispute, the client / responsible party is responsible for paying the balance due plus late fees as well as any collection, legal expenses, or court-ordered fees.

### **PATIENT LITIGATION & COURT FEES**

Therapist generally, does not participate in any litigation, or custody dispute in which Patient, or Representative, and another individual, or entity, are parties. Therapist will make efforts to be uninvolved in any custody disputes between Patient's parents. Therapist will not voluntarily provide records or testimony unless compelled to do so. **If subpoenaed, the issuing party agrees to pay therapist \$250.00 per hour to include document preparation, court summaries, depositions, court appearances, testimony, travel time and attorney consultations, with a nonrefundable minimum retainer of \$500.00. Payment of the retainer is due 72 business hours prior to the time of the scheduled court request. The fee applies for each court visit, whether or not testimony actually takes place. Issuing party also agrees to pay any attorney fees incurred by Therapist regarding your legal matter. Please note that these fees are the separate responsibility of the Patient / Parent or Legal Guardian, are not reimbursable by your insurance.**

**I hereby release, waive, discharge and covenant not to sue Deborah G. Kabrane, LPC in the event that she is compelled by a court of law or presiding judge to provide testimony or documentation that may result in an unfavorable ruling, order, motion or modification, thus holding her harmless and free of any liability, damages, or costs, including but not limited to court costs and attorney fees.**

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees / contracted rate. It is very important that you find out exactly what mental health services your insurance policy covers and receive the necessary authorizations prior to your first appointment. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience.

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I will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

**Please note the benefits, copayments, coinsurance and deductibles that are quoted to you are only an estimate based on the information available and not a guarantee of payment. Reimbursement is based on Medical Necessity and subject to policy guidelines, contract limitations and eligibility at the time of service.**

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request.

### **EMPLOYEE ASSISTANCE PROGRAM (EAP) CLIENTS**

Please note that it is your responsibility to contact your EAP if self-referring and request authorization to see the counselor of your choosing on the EAP provider panel. These services are provided at no direct cost to you or your approved family members. **It is your responsibility to pay for services provided by any resources outside the EAP.** Also note that I may be required to disclose information and records to your EAP as needed for coordination of EAP services, quality assurance, or payment. Further information regarding the limits of confidentiality will be provided prior to your first visit.

### **CONTACTING ME**

**Emergency Calls: DIAL 911 OR GO TO THE NEAREST EMERGENCY ROOM. Urgent / After Hours / Holidays: Dial My Cellular Phone at 214-605-5801 – leave a message and return phone number and I will return your call as quickly as I am able.**

**Routine Calls:** There is a receptionist available to answer your call from 8:30 – 5:00 p.m. Monday through Friday at 972-422-9194. This means when I am in session, I am often not immediately available by telephone to speak with you. The receptionist is not employed by me, but rather by the Meridian Executive Business Center and therefore has no access to your personal information, scheduling or billing information, but can deliver a message should you wish to leave one or transfer you to my confidential voicemail. You may also call my Cellular Phone at 214-605-5801 and leave a message.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records by written request. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. See Notice of Privacy Practices and Necessary Use of Personal Health Information for further clarification regarding your records and the limits of confidentiality. In the case of extended absence, vacation or in the event of incapacity or death: If I will be unavailable for an extended time, arrangements will be made for coverage by a licensed therapist. I acknowledge that in the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this document, I give my consent to allow a licensed mental health professional selected by the undersigned therapist to take possession of my file and records and provide me with copies upon request or to deliver them to a therapist of my choice.

### **LIMITS OF CONFIDENTIALITY**

In general, the privacy of all communications between a client and psychotherapist 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. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. 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. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate state agency. If I believe that a client 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, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

