

# Mary J. Malek, Ph.D., LLC

Psychologist

## New Client Informed Consent

Welcome to my practice at Healing Space, LLC. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you may have so that we can discuss them. Once you sign this form it will act as a binding agreement between us.

### 1. Introduction to Psychotherapy

- a. Psychotherapy is not easily described in generalities. It varies depending on the personality of therapist and client, problems being addressed, therapist clinical judgment, and client goals. There are a number of approaches which can be utilized to address the problems you hope to address. It is quite different from visiting a medical doctor. Psychotherapy requires your active effort both during and between sessions in order to create meaningful change.
- b. Psychotherapy has both risks and benefits. Risks include experiencing feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness at sometimes uncomfortable levels. Psychotherapy often requires recalling unpleasant aspects of your past. Psychotherapy has been shown to have benefits for people who undertake it. It often leads to significant reductions on feelings of distress, better relationships, resolution of specific problems, and decrease in disability caused by physical illness and pain.
- c. I will be able to offer you some initial impressions of what our work may include after my evaluation (lasting 1 to 3 sessions). We will discuss my initial treatment plan if you decide to continue with the process. You should evaluate this information and your level of comfort in working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful in choosing a therapist. If you have any questions about my procedures, it is best to discuss them with me whenever they arise. If you have doubts or are uncomfortable with our work, I will help you secure an appropriate consultation with another mental health professional.

### 2. Session Etiquette

- a. Upon arrival please be seated in the waiting area. I will come and get you at the first of the hour to begin our session.
- b. **Psychotherapy sessions last 50 minutes.** Our time will end (unless arranged otherwise) at ten minutes of the hour.
- c. An appointment is a commitment to our work that I take very seriously. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that if I am late you will receive the full time to which we've agreed. If you are late, we will meet for whatever amount of time remains of your scheduled appointment time.
- d. Pet policy: Healing Space LLC recognizes the important value of pets in the lives of our clients and the positive role that animals can sometimes play in therapy. Our therapists may therefore sometimes have a staff-owned dog present during therapy sessions. A staff-owned dog has been carefully selected and trained so that it will respond consistently to the therapist's commands, and will behave appropriately without creating disruption for other clients or staff members. Healing Space LLC is not equipped to evaluate or control the behavior of other animals, therefore for the mutual safety of all, clients are not permitted to bring their pets to therapy or on the grounds of Healing Space LLC. The only client-owned animals permitted on the premises are properly trained service animals. "Service animals" are defined under 28 CFR 35.104, and generally include animals individually trained to do work or perform tasks for the benefit of an individual with a physical, sensory, psychiatric, intellectual, mental or other disability. One example of a service animal is a dog trained to guide the blind. "Emotional support" animals who are not properly trained service animals are not permitted.
- e. Office Location: 2244 E. Enterprise Parkway, Twinsburg, OH 44087

3. Fees

- a. Individual therapy
  - **\$190 for initial session (50 minutes)**
  - **\$150 for 50-minute session**
  - \$240 for 80-minute session
- b. Professional time: This may include but is not limited to phone calls, consultation, report writing, form completion, therapy sessions, and letter writing.
  - \$180 per hour (prorated at \$3.00/minute)
- c. Unscheduled or after-hours rate
  - \$180/hour (prorated at \$3.00/minute)
- d. Legal involvement: This includes preparation for and attendance at any legal proceedings.
  - \$350 per hour (due to complexity and difficulty of legal involvement)
- e. Out-of-office work (e.g., in-home consultation/visits, hospital visits)
  - \$200 per hour "portal to portal" (meaning that I bill for the time I am out of the office on your behalf).

4. Payment Policy

- a. I have found that **handling payment and paperwork at the beginning of sessions works best and allows both of us greater focus for remainder of session.** Please help me stay on time for others and make the most of your time in session by having your payment ready (i.e., check written, exact cash, credit card) prior to the beginning of session. If you need the full hour please add the \$15 additional fee to your payment.
- b. Insurance and Paperwork:
  - Clients are responsible for handling payment from insurance companies. Your insurance coverage is a contract between you and your insurance provider. I am not a part of that arrangement/contract. I will most likely be considered an out-of-network provider; you will need to inquire as to your benefits in light of this fact.
  - I will give you a receipt for each session that contains all the information needed if you plan on submitting your receipt for reimbursement.
    - **If needed I will help you with any paperwork as part of a regularly billed session – not outside of therapy time.**

5. Cancellation policy

- a. **Once an appointment is scheduled, you will be expected to pay for it unless you provide notice 24 hours in advance of the appointment time.**
- b. If you miss an appointment without notifying me or cancel with less than 24-hour notice, you are responsible for the full fee for that appointment. Please note that insurance companies do not reimburse for missed appointments.

6. Business Hours / Phone Calls and Messages

- a. I am often not immediately available by phone. I do not answer the phone when I am with clients. My office hours are limited at this time but I am available for professional time Monday through Friday from 9am to 5pm. Any professional time (except appointment arrangement) spent outside of these hours is considered after-hours unless previously negotiated.
- b. I strive to return phone calls promptly but there can be unavoidable delays. If I am unavailable for a period of several days (e.g., workshops, seminars, vacations, illness) I will leave instructions on my telephone message regarding alternative contacts.

## 7. Emergency Policy

- a. I believe in the inherent strength and capabilities of my clients. I strive to foster stability and healthy use of resources. I do not therefore carry a pager and am not available 24/7. If this is not consistent with your needs or expectations please consult with me so that I may provide you with an appropriate referral.
- b. In the event of life and death emergency (or other instances when I may be unavailable) you will need to have alternate sources of help including but not limited to the following:
  - ∞ 911            ∞ local hospital            ∞ community mental health center
  - ∞ clergy        ∞ mental health crisis lines
  - ∞ social support network (e.g., family, friends, coworkers)

## 8. Confidentiality

Information revealed by a client in the therapeutic relationship is protected from disclosure outside of the therapeutic relationship according to established legal and ethical guidelines. I will not discuss or release to others any information without your specific written permission, except in the following situations:

- a. If you threaten or act in a way that is very likely to harm yourself, I am required to notify the appropriate individual(s) or agency in order to protect you. In an emergency, where your health is in immediate danger, I may release information that would protect your life to another professional.
- b. If you threaten serious harm to another person, I am required to protect the other person by notifying the appropriate individual(s) or agencies.
- c. If I believe or suspect that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate county or state agency.
- d. In some cases, a court of law may require me to testify regarding information received within the therapeutic relationship.
- e. I may sometimes consult with other professionals about your treatment. In such cases, I would not disclose your name and other identifying information.
- f. Your health insurance company may need some information about your therapy. I will provide your diagnosis, the fee, and dates of therapy on receipts for submission to your insurance company. A treatment plan or summary of treatment may also be provided if you have authorized the release of such information with your signature on the insurance claims form.
- g. I do not have a legal right to withhold from the parent or guardian information disclosed by a child under the age of 18. I will discuss with you how I prefer to handle disclosures from children in therapy.

## 9. Electronic Communication Policy

Because of the importance of your confidentiality as a client, I keep communication via electronic devices/internet to a minimum. I communicate almost exclusively by voice (phone/voicemail). Text communication via cell/smart phones and the internet/email has inherent risks that include but are not limited to the following: breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. For these reasons I keep the following policies:

- a. I do not communicate professionally via text (cell/smart phone).**
- b. When phone communication is not possible email may be used to share information about scheduling appointments. Please CALL ME when scheduling/cancelling appointments. Email may be used as a backup to voicemail but please do not use it as the primary means of communicating appointment changes (particularly if less than 24-hour notice).
- c. No information regarding therapeutic issues will be handled by email.

- d. I do at times provide supplemental information and materials including but not limited to educational materials, links to educational sites/resources, forms, and homework sheets via email.
  - e. It is strongly advised that you **NOT use a work email address** for any communication as many employers monitor employees' electronic communications.
  - f. It is your responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
  - g. If you do not want to be contacted via email it is your responsibility to indicate this on your client information form.
10. Notice of Termination
- a. You are not obligated to see me for any specified number of sessions. It is most beneficial to you however to have a healthful ending to a therapeutic relationship. The process of ending therapy, called "termination," can be a very valuable part of our work.
  - b. Stopping therapy should not be done casually. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. This will allow us to discuss critical issues and reasons for termination and bring the relationship to a more beneficial ending.

Your signature below (and on sticker) indicates that you have read the information in this document and agree to abide by its terms during our professional relationship:

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Client's Signature

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Date