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## **Informed Consent for Psychology Services**

Welcome to my practice. Please read this document carefully so that you can make an informed decision about attending and participating in therapeutic services provided by me. Feel free to ask any questions before signing this document, and know that your participation is entirely voluntary.

### **Psychological Services**

I am a cognitive behavioral therapist. I use the idea that thoughts, feelings and behaviors are all related, and often impact medical conditions. This allows many opportunities for change to improve quality of life. Psychotherapy, like everything in life, has both benefits and risks. The risks of psychotherapy sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, disappointment, or loneliness. Sometimes psychotherapy involves recalling and talking about unpleasant events in your life. Psychotherapy, especially cognitive behavioral therapy, has quite a lot of evidence showing benefits for people who undertake it, often leading to a significant reduction of feelings of distress, better relationships, a decrease in physical pain and/or the resolution of specific problems. But, as with most things in life, there are no guarantees about what will happen.

I often make recordings for you of relaxation techniques or clinical hypnosis. These are for you and you alone and are not to be shared with friends or family, or sold.

### **Appointments**

My normal practice is to begin with an evaluation appointment that will last for about two hours. During this time we are getting to know each other and I am trying to understand your personality, your values, your problems and your strengths. By the end of our evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan. You should evaluate this information along with your own sense about whether you feel comfortable working with me.

Therapy involves a large commitment of time, money, and energy, and much of its success depends on the particular chemistry between therapist and patient. If you have questions about my procedures, we should discuss them whenever they arise. If at any point you feel that our work is no longer productive or that for whatever reason we cannot work well together, I will be happy to help you secure an appropriate consultation with another mental health professional.

If we continue, I will usually schedule one 45 minute session per week at a mutually agreed time, although sometimes sessions can be longer, or more or less frequent.

### **Professional fees and cancellation policy**

The fee for individual, couple or family sessions is \$150, and payment is expected at the time of service. Once a follow up appointment is scheduled, you will be expected to pay the full amount for it unless you provide 24 hours advance notice of cancellation. If at all possible, I will try to find another time to

reschedule the appointment the same week and I may waive the cancellation fee if we can do so.

I do not complete forms for disability or psychological functional capacity.

In unusual circumstances, you may become involved in a litigation, in which the court requires my participation. If that were to happen, you would be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$300.00 per hour to prepare for, travel to, and attend at any legal proceeding, which amounts to the total time taken away from my practice due the legal proceeding. (I prefer to stay out of legal matters of any kind).

### **Billing and Payments**

You are expected to pay for each session at the time it is held. Any outstanding balances due to cancellations or missed payments must be paid with one month.

Several appointments are reserved for those requiring a reduced fee. You will retain the reduced fee for a period of 3 months. At the end of each 3 month period, we will discuss your financial situation and determine if a reduced fee remains appropriate.

### **Insurance reimbursement**

While I am not "in network" with any insurance companies, I will provide the information you need to submit claims to insurance companies (CPT code, ICD 10 or DSM 5 diagnosis code, and a receipt for the amount you have paid). You are responsible for paying the fees up front, but many insurance companies will reimburse you, depending on your plan. Some insurance companies use the Health Insurance Claims Form 1500, which you may download from the Forms tab on my website, [blueridgehealthpsychology.com](http://blueridgehealthpsychology.com). Other insurance companies will ask you to submit their own form, usually available on their website to plan members. Please check with your insurance company to see what is needed in advance, if you wish to be reimbursed by them, prior to your first visit.

You should also be aware that most insurance agreements require you to authorize me to provide a diagnosis in order to use your insurance benefit. This diagnosis will become part of your permanent medical record. Sometimes additional clinical information such as a treatment plan or summary, or, in rare cases, a copy of the entire record is also required. This information will become part of the insurance company files, and, in all probability, it will be stored electronically. All insurance companies are required to keep such information confidential, but once it is in their hands, I have no control over what they do with it. Please remember that you always have a choice to bypass the insurance altogether and pay the fee out of pocket.

### **Contacting me**

I am often not immediately available by telephone. While I am usually in my office between 8 a.m. and 5 p.m., I cannot answer the phone when I am with a patient. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I prefer for established patients needing to reschedule appointments to use the online scheduling program, which is fully HIPAA compliant. If you have another concern, I will make every effort to return your call by the next business day. If you are difficult to reach, please leave some times when you will be available. If you cannot reach me, and you feel that you cannot wait for me to return your call, you may go to your family physician or the emergency room at the nearest hospital for assistance.

### **Professional records**

Virginia law and the standards of my profession require that I keep appropriate treatment records. With your permission, your psychological evaluation, including diagnosis and treatment goals, will be sent to your primary care physician or referring health care provider. Because these are professional records that can be misinterpreted by someone who is not a health professional, it is my general policy that patients may not review them. However, at your request, I will provide a treatment summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional service and you will be billed directly.

### **Minors**

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. Normally, I will provide them only with general information on how your treatment is proceeding. If, however, I feel that there is a high risk that you will seriously harm yourself or another, I will notify them of my concern. Before giving them any information I will try to discuss the matter with you and will do the best I can to resolve any objections you might have about what I am prepared to discuss.

### **Confidentiality and Privacy**

In general, the law protects the confidentiality of all communications between a client and a psychologist and I can only release information about our work to others with your written permission. However, there are a number of exceptions.

Because your physical health is one of the reasons we are meeting, I will likely be discussing your care with your physician or other referring health care provider.

If in the rare case of a legal proceeding, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if she/he thinks that justice can best be served by making me testify.

There are some situations in which I am legally required to take action to protect others from harm, even if that requires revealing confidential information about a patient's treatment.

If I believe that a child, an elderly person, or a disabled person is being abused, I am required by Virginia law to report the suspected abuse to the Department of Child or Adult Protective Services.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens to harm him/herself, I may be required to seek hospitalization for the patient, or to contact family members or others who can help provide protection. In this case, I always attempt to work with the patient to insure the treatment that is least restrictive, but in the patient's best interest. These situations are very unusual in my practice, but if such a situation should occur, I will make every effort to discuss it with you fully before taking any action.

### **Multiple Relationships (contact outside of sessions)**

Because we live in a relatively small town, it is not unusual for me to run into patients in a public place or recreational venue. Please know that in order to protect your privacy, I will not acknowledge you first, and

I will leave it up to you whether to disclose the extent of our professional relationship to any others in the vicinity, should you decide to greet me. Again, this is to protect your privacy and not because I do not value our relationship.

This document is to inform you of therapeutic services that are provided by Dr. Lora Baum. If you have any questions or concerns that were not addressed in this document, please take the time to ask and sign only when you fully understand. By signing this document, you are indicating that you have read and understand the information, have been given the opportunity to ask questions, and agree to the terms described.

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Patient's Name, please print

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Patient's Signature and Date

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Witnessed by Lora D. Baum, Ph.D., and Date