

Lamb Behavioral Health Center, LLC

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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Name: _____ Date of Birth: _____

Explanation of Services

Lamb Behavioral Health Center, LLC provides counseling, assessment, and consultation services. This form provides information regarding the provision of services and limits of confidentiality.

Assessment

As part of a psychological evaluation a number of procedures will be undertaken. These activities may include a clinical interview, completion of self-report measures, and direct assessment of current abilities. If possible, and if you provide permission, some information may be requested from other individuals and/or agencies. This information may include pertinent health records, historical information from parents, or other individuals who may be able to provide information that would assist in determining the nature of the presenting difficulties and development of personalized recommendations. The evaluation will be conducted with a completed report given to you upon completion. The report will include diagnostic considerations and recommendations for addressing concerns discovered through the evaluation process.

Therapy

A number of procedures will be undertaken to ascertain the presenting problem. These activities may include a clinical interview, completion of self-report measures, and completion of measures by family members or other qualified informants. Once initial information is gathered, a treatment plan will be formulated. This plan will be updated as needed, based on progress made and/or additional information learned. This plan will be discussed with the client and parent/guardian (if applicable).

Consultation

Consultation involves the same procedures as therapy but is often done without the client present. It often involves working directly with a caregiver or someone else who works closely with the client in developing and monitoring plans for improved client functioning.

Group Therapy

In group therapy, approximately 6-10 people meet under the direction of a therapist to work on a common problem. Group members frequently take turns discussing their feelings and providing feedback to others. The content of group therapy sessions is confidential and should not be discussed outside the group. Group members should make every effort to attend all scheduled sessions and participate actively.

Confidentiality and safety of group members will be maintained as group members observe the following guidelines:

1. Only first names will be used to identify group members.
2. Visitors are not allowed during the sessions.

Initials: _____

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3. Sessions will not be recorded by group members or the therapist. The therapist will make notes as required by the state licensing board.
4. The content of the sessions, including problems or issues revealed by other members, will not be discussed outside the session.
5. If a group member decides to discontinue therapy, he or she will attend one final session.
6. The therapist cannot insure that all group members will adhere to these guidelines.
7. The therapist will keep records of each individual group member, but this information will not be given out to other group members.
8. As a mandated reporter, the therapist is required to report certain information. See Limits of Confidentiality section for more details.

Payment for Services

See the Fee Schedule for details about specific charges. Checks should be written to Lamb Behavioral Health Center. When paid for by an outside agency (e.g., school or employer), such agencies typically request a copy of the evaluation report or summary report. If discrepancies exist between this policy and the terms of an accepted insurance provider, Lamb Behavioral Health Center will honor the terms of the insurance agreement.

- For assessment services, payment in full must be made three days before the first appointment, or the appointment may be rescheduled.
- For individual therapy and consultation, payment should be rendered at each session.
- For group therapy, it is not possible/practical to reschedule meeting times. No refunds will be given for missed sessions. Sessions will be charged in four-session increments. Payment should be made at the first meeting of the month.
- Accounts must be kept paid to avoid developing a potentially harmful creditor-debtor relationship. Several measures may be taken by the office to help prevent this, including providing cost estimates, rescheduling an appointment if the client forgets to bring payment, cancelling future appointments after a client misses two appointments without notice, assessing a finance charge for accounts more than 30 days past due, utilizing a collection agency or other legal means to obtain payment for accounts more than 60 days past due.
- Although the office strives to receive accurate payment estimates from the client's insurance company, we are not always given accurate information. In cases where the insurance estimate results in an overpayment, the amount will remain in the account as a credit. Future payments will be deducted from the credit. If a credit remains when the client discontinues services, it will be refunded to the client during the billing cycle after the final claim has been paid by the insurance company. Please note this could be approximately 60 days after the final date of service.
- In cases where the insurance estimate is an underestimation, the client will be notified that an additional payment is due. Clients are expected to pay the additional amount during the next billing cycle, and preferably at the next session.
- Clients are responsible for notifying the office of changes in insurance information. Failure to do so before a session may cause a denial of the insurance claim. Insurance denials often result in the entire billed amount becoming the client's responsibility.
- Clients must notify the office of all health insurance they carry, including insurance primary to Medicaid. Failure to do so often results in claims being denied, which then becomes the client's responsibility.

Emergencies

In the case of an emergency call 911 or go to the nearest hospital. For other urgent mental health issues you can call Lamb Behavioral Health Center, LLC directly, but the clinician may not be available immediately. See Fee Schedule for rates for phone consultation.

Limits of Confidentiality

Information regarding these services is protected. Your consent is required to release information to any individual or agency. There are some limits to the extent of confidentiality protection.

1. Office workers will have access to your information for purposes of scheduling, proofreading reports, filing, and obtaining payment for services. All workers receive training in confidentiality and will have agreed to follow these guidelines.
2. Although legal guardians are generally discouraged from doing so, they have the legal right to request a copy of most records, depending on circumstance.
3. Law requires that suspected abuse of a child, elder, or disabled person must be reported.
4. Certain procedures will also be followed for anyone who presents as an immediate danger to self or others.
5. Records must be released when requested by court order.
6. Texas law requires that disclosures of sexual exploitation by a prior mental health service provider be reported to the District Attorney for the county in which the misconduct took place and the Texas State Board of Examiners of Psychologists.
7. Third party payers may request information about treatment before rendering payment.
8. In the case of a suit against the provider, records will be utilized for legal defense.

Client Expectations

Clinicians at Lamb Behavioral Health Center, LLC are well-trained and utilize methods that are supported by scientific research; however, the outcome of treatment depends largely on client behavior. These behaviors will create an atmosphere conducive to positive outcomes:

1. Clients should comply with all treatment recommendations, including attending appointments as directed by the clinician, participating fully in the session, and completing homework assignments.
2. Clients must confirm their appointments as directed by office staff and provide at least 24 hours' notice if a reschedule or cancellation is needed.
3. In cases of emergency or other extenuating circumstances, call prior to the start of the appointment to inform the office of their inability to attend the scheduled appointment. If unable to do this, contact the office as soon as possible after the missed appointment.
4. Arrive on time to the scheduled appointment. If unable to do so, notify the office with an approximate time of arrival.
5. Do not bring non-client children (e.g., younger siblings) to the office.
6. For minors, a parent or guardian must be present at every session. For older adolescents who can drive themselves, the clinician must approve them coming without a parent or guardian.
7. Notify the office of changes in contact information promptly.
8. Cell phones should not be used during the session.

Clients who do not adhere to these expectations will be considered out of compliance with their treatment and may be discharged. Clients who are discharged for non-compliance will not be accepted back into the practice.

Court Fees

Therapists at Lamb Behavioral Health Center do not complete evaluations for court nor do they offer to provide testimony in court for any reason. Simply put, this is another field of psychology that is outside of the area of expertise of our therapists. If your needs include expert testimony or documents specifically made for court proceedings (e.g., forensic evaluations), we will gladly provide you with referrals to professionals who have been specifically trained in the area of forensic psychology.

In the unlikely and unadvised event that a client/client's guardian decides to force a therapist's participation via court action, they are reminded that such services are NOT covered by insurance. Services such as providing depositions, testifying in court, preparing documents specifically for the court, or any other action for a court proceeding will be billed at a rate of **\$250 per hour or partial hour**. At the initiation of services, **a non-refundable \$1,500 retainer fee** will be charged. Furthermore, the client or the client's guardian(s) will be **responsible for the therapist's own legal representation**.

Typically speaking, letters to probation officers indicating attendance in therapy is not considered to fall under this provision. If you have any questions regarding what does and does not fall under this provision, please contact the Office Manager.

Consent for Services

In order to proceed with the request for services described, your written consent is needed. Please complete the following form to indicate your consent or non-consent for these services. If major changes in services are proposed, a new consent will be required.

Services rendered Assessment Therapy
 Consultation Group Therapy

- No Yes The services have been *fully explained* to me and I have had an opportunity to ask questions.
- No Yes I understand the *nature, purpose* and *any special provisions of services* being offered, the reason the services are being requested, and the *limits of confidentiality*.
- No Yes I understand that the findings and recommendations of the services will be communicated to me.
- No Yes For groups, I agree to *protect the confidentiality* of other group members as outlined in this document. I realize that the therapist cannot insure that all group members will follow these guidelines.
- No Yes I *give my voluntary consent* for the services described and understand that I may withdraw my permission at any time.
If NO, please explain:
- No Yes I have received a copy of the HIPAA Notice of Privacy Practices.

I understand and agree to all of the above information.

Client Signature, or Parent/Guardian Signature	Printed Name	Date
Signature of Minor Client	Printed Name	Date
Signature, person explaining services	Position	Date

For additional questions, contact Lamb Behavioral Health Center, LLC at 979-436-1956.