



Lamb Behavioral Health Center, LLC

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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Patient name: _____ Date of Birth: _____

Explanation of Services

Lamb Behavioral Health Center, LLC provides counseling, assessment, and consultation services. LBHC does **NOT** provide forensic services, including child custody evaluations or emotional support animal evaluations. This form provides information regarding the provision of services and limits of confidentiality.

Therapy

I will complete several activities to determine 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 me and my parent/guardian (if applicable).

Consultation

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

Assessment

As part of a psychological evaluation, I will complete several activities. These activities may include a clinical interview, completion of self-report measures, and direct assessment of current abilities. If possible, and if I provide permission, information may be requested from other individuals and/or agencies. This information may include pertinent health records and historical information from parents, teachers, or other individuals who may be able to provide information about the presenting difficulties and possible recommendations. A report will be given to me upon completion. The report will include diagnostic considerations and recommendations for addressing concerns discovered through the evaluation process.

Guests in Session

I understand if I bring a guest to session with me, LBHC cannot ensure that the guest will keep information disclosed confidential. I assume this risk if I choose to bring someone with me to session. To help my clinician be prepared for my visit, I will inform the office in advance if I am bringing a guest or if I am bringing a different guest than usually accompanies me to session.

Patient Expectations

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

1. I should comply with all treatment recommendations, including attending appointments as directed by the clinician, participating fully in the session, and completing homework assignments.
2. I must confirm my 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, I will call prior to the start of the appointment to inform the office of my inability to attend the scheduled appointment. If I am unable to do this, I will contact the office as soon as possible after the missed appointment.
4. I will arrive on time to my appointment. If unable to do so, I will notify the office with an approximate time of arrival.
5. I will not bring non-patient 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. I will notify the office of changes in contact information and insurance details promptly.
8. I will not use a cell phone during the session.

If I do not adhere to these expectations, I will be considered out of compliance with treatment and may be discharged. If I am discharged for non-compliance, I will not be accepted back into the practice.

Payment for Services

I will refer to the Fee Schedule for details about specific charges. I will write checks 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 assessments, I must pay in full three days before the first appointment, or it may be rescheduled.
- For individual therapy and consultation, I must render payment at each session.
- I must keep my account paid to avoid developing a potentially harmful creditor-debtor relationship with the office. The office may take measures to help prevent this, including providing cost estimates, rescheduling an appointment if I forget to bring payment, cancelling future appointments after I miss two appointments without notice, assessing a finance charge when my account is more than 30 days past due, utilizing a collection agency or other legal means to obtain payment for my account more than 60 days past due.
- Although the office strives to receive accurate payment estimates from my insurance company, LBHC is 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 I discontinue services, it will be refunded during the billing cycle after the final claim has been paid. Please note this could be approximately 60 days after the final date of service.
- In cases where the insurance estimate is an underestimation, I will be notified that an additional payment is due. I must pay the additional amount during the next billing cycle, and preferably at the next session. Future appointments will be cancelled until payment arrangements are made.
- I am 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 my responsibility. Change in insurance, including the addition of a secondary plan, will result in a new review of my insurance eligibility for services in the office.
- I must notify the office of all health insurance I carry, including all commercial plans and any Medicaid plan. Failure to do so often results in claims being denied, which then becomes my responsibility. If I do not notify the office of secondary insurance before services begin, I may not be eligible to have my claims submitted to my secondary carrier. This may result in me owing a copay or deductible for my services.

Emergencies

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

Limits of Confidentiality

Information regarding these services is protected. My 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 my 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. This may include reporting of abuse that occurred in childhood even if I am an adult now.
4. Certain procedures will also be followed if I present as an immediate danger to myself 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 Behavioral Health Executive Council.
7. Third party payers may request information about my treatment before rendering payment.
8. In the case of a suit against the provider, records will be utilized for legal defense.

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 the therapists at this practice. If my needs include expert testimony or documents specifically made for court proceedings (e.g., forensic evaluations), I will be provided with referrals to professionals who offer this service.

In the unlikely and unadvised event that I/my guardian decide to force a therapist's participation via court action, I am 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, I will be charged a **non-refundable \$1,500 retainer fee**. Furthermore, I/my guardian 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 I have any questions regarding what does and does not fall under this provision, I can contact the Office Manager.

