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Consent to Treatment Form

Welcome to my practice. I appreciate your trust and the opportunity to assist you. This consent form is designed to answer some frequently asked questions about my practice and our relationship, so please read all of it before you sign it at the end. As you read, please note any places that are not clear to you or write in any questions that come to your mind so we can discuss them at our next meeting. A copy of this consent form is yours to keep and refer to at any time. Please make a copy of the last page, sign and return it to me. Thank you.

Treatment

The benefits of psychotherapy have been repeatedly and scientifically demonstrated for most people and in most situations. Depending on your initial issues and symptoms, benefits might include the lessening of depressive symptoms or feeling less afraid or anxious. You may experience a significant decrease in depression or anxiety and an increased sense of well-being. With a more thorough understanding of yourself, you are likely to be able to make changes that enhance your family or social relationships and find deeper satisfaction in them. Through the therapeutic process, you may come to better understand your personal goals and values and become more capable of honoring them in day-to-day life, thus growing and maturing as an individual.

I encourage you to obtain knowledge of the procedures, goals, and possible side effects of psychotherapy. I expect to make our professional contact one in which you receive the maximum benefit, and I will keep you informed about alternatives to psychotherapy. As with any powerful treatment, there are both benefits and risks associated with psychotherapy. The risks include the experience of intense and unwanted feelings, including sadness, anger, fear, guilt, or anxiety. It is important to remember that these feelings may be natural, normal and an important part of your therapy process. Other risks of therapy might include recalling unpleasant life events, facing unpleasant thoughts and beliefs, experiencing increased awareness of feelings, and shifting desire or ability to respond in customary ways with others in relationships. As a result, there may be an increase in stress and tension in those relationships.

Major life decisions are often made during treatment. These include separating from spouses, ending significant relationships, changing employment settings, and modifying lifestyles. These decisions are the legitimate outcome of the therapy experience and are the consequence of examining and perhaps questioning long held personal beliefs and values. As part of our work together, I hope to discuss any of your assumptions, problems, or possible adverse side effects of your therapy.

Stella and Teddy: Stella and Teddy. Stella and Teddy are 10-pound Shih-Tzus. Each has earned the title of AKC's "Canine Good Citizen" and "Professional Therapy Dog". Stella was born in 2011 and has retired! However, Teddy, born in 2016, comes into all group sessions. He is very friendly and enjoys being with people. Sometimes he will sense a mood or feeling and walk over to you to be available to be petted during the group. Sometimes he will indicate he will sit near you or hop up onto your lap, but most often he will sit/lie quietly throughout the group. He may greet you in the waiting room and show you to the door at the end of a session.

As I only accept patients whom I believe I can help using the professional knowledge and experience available to me, I expect to enter our relationship with optimism and enthusiasm.

Appointments

My services are by appointment only. Individual psychotherapy is scheduled for a 50-minute session. My current office hours for individuals and couples' appointments are in Arlington, VA: Monday, from Noon to 4:30 PM; Tuesday from 9:30 AM to 3:30 PM; Wednesday from 9:30 am to 2 pm. On-going group therapy sessions meet Tuesday from Noon to 1:15 pm and 4:30 to 6 PM in Arlington, VA and Wednesday 4:30 to 6:00 PM online.

If you must cancel an individual therapy appointment, please let me know as far in advance as possible, but at least one day in advance so that I can offer that time to someone else. **Because the appointment time is reserved for you, it is necessary to charge for appointments that are not cancelled 24 hours in advance. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.**

In group therapy, two missed sessions per calendar year are permitted with no charge. All other missed sessions are charged at the full fee. Your space in the therapy group is exclusively yours and is reserved at all times.

Contacting Me between Sessions

Although I do not take calls when I am in session, I typically check email at the end of every hour and voice mail twice a day. If you leave a message, I will answer it as soon as other demands permit. Generally, emails are returned within the same day, with the exception of weekends and holidays. Although I care a great deal about you, I keep email and phone contact short, believing that the therapeutic session is most effective. If you are unable to reach me and feel that you cannot wait for

me to return your message, contact your family physician or the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Fees and Payment

My current fee for individual **50-minute individual psychotherapy sessions is \$300** and for **group psychotherapy sessions is \$100.00**. I will give you a statement during the first week of the month for services rendered in the previous month and expect to be paid the next week. Credit cards and checks are accepted. The fee schedule is reviewed periodically and any increases in fees are usually made in January or September. Please remember that the financial relationship, just like the therapeutic relationship, is between you and me and the responsibility for prompt payment of all fees is yours. In the rare event that collection action should be necessary you will be responsible for the amount due plus all collection costs including attorney fees.

In the unlikely event that your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through a small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

Insurance

If you have a health insurance plan, your visits may be reimbursed by your insurance plan. My statement contains the standard information needed to swiftly process your claim. Most insurance plans cover a portion of psychologists' fees, although the percentages and amounts vary widely. Although I request that you file your own insurance claims, I will gladly respond to any requests to assist you.

While a patient's diagnosis is very sensitive information and is generally treated as such by insurance carriers, I cannot guarantee how any insurance carrier or employer respects this information. If you prefer that I do not release information to your insurance company for reimbursement purposes, or if your insurance carrier fails to reimburse you at the level that you expected, you remain responsible for the fee for services.

Your contract with your health insurance company requires that I provide information relevant to the services that I provide to you. The states of Maryland and Virginia permit me to send some

information without your consent in order to file appropriate claims. I am required to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. Maryland and Virginia law prevent insurers from making unreasonable demands for information, but there are no specific guidelines about what unreasonable includes. If I believe that your health insurance company is requesting an unreasonable amount of information, I will call it to your attention, and we can discuss what to do. You can instruct me not to send the requested information, but this could result in claims not being paid and an additional financial burden being placed on you. Once the insurance company has this information, it will become part of the insurance company files and will probably be stored on a computer. I will provide you with a copy of any report I submit if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Medication and Hospitalization

At times the level, duration or nature of a patient's distress is such that the use of medication appears to be indicated. If this situation arises, you and I will discuss the symptoms and circumstances that indicate that medication may be useful or necessary. Psychologists are not physicians and consequently most do not prescribe medication at this time. I work with psychiatrists in the area, and we routinely collaborate on issues of medication, ensuring that your specific needs are met and ensuring continuity of care. If medication were indicated, you would typically use the services of a psychiatrist who serves as a "medication consultant" while continuing psychological treatment with me.

In certain circumstances the seriousness of a patient's condition may require a higher level of care than can be provided in an outpatient setting. If this should become necessary, you and I will discuss the need for a hospital stay or admission to a residential treatment program and identify the program that best meets your unique needs. The final decision to enter a program will be yours.

HIPAA

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in detail. The law requires that I obtain your signature acknowledging that I provided you with this information at the end of the first session. Although these documents are long and sometimes complex, it is very important that you read them carefully

before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Patient's Rights Including Confidentiality

At any time, you may question and/or refuse therapeutic or diagnostic procedures or methods or gain whatever information you wish to know about the process and the course of therapy.

I treat the information you share with me with the greatest respect. The confidentiality of our conversations and my records are protected by standards for professional practice established in the *Ethical Principles of Psychologists* of the American Psychological Association and by specific Maryland and Virginia state law governing privilege and confidentiality. In most situations, I can release information about your treatment to others if you sign a written Authorization form. However, in the following situations, no authorization is required:

- I may occasionally find it helpful to consult other health and mental health professionals. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

Although highly unusual in my practice, there are some situations in which I am legally obligated to act, and I may have to reveal some information about a patient's treatment.

- If I have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law requires that I file a report with the appropriate government agency, usually the local office of the Department of Social Services. Once a report is filed, I may be required to provide additional information.
- If I know that a patient has a propensity for violence and the patient indicates that s/he has the intention to inflict imminent physical injury upon a specified victim(s), I may be required to take protective actions. These actions may include establishing and undertaking a treatment plan that is calculated to eliminate the possibility that the patient will carry out the threat, seeking hospitalization of the patient and/or informing the potential victim or the police about the threat.
- If I believe that there is an imminent risk that a patient will inflict serious physical harm or death on him/herself, or that immediate disclosure is required to provide for the patient's emergency health care needs, I may be required to take appropriate protective actions, including initiating hospitalization and/or notifying family members or others who can protect the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality informs you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

The clear intent of these requirements is that a psychologist has both a legal and ethical responsibility to take action to protect endangered individuals from harm when such a danger exists. Fortunately, these situations rarely arise in my practice. If such a situation occurs, it is my policy to discuss these matters fully with you before taking any action, unless in my professional judgment there is a compelling reason not to do so. Confidentiality will be respected in all cases, except as noted above.

In some circumstances, it may be my best clinical judgment that the maintenance of confidentiality is counterproductive to your progress in treatment. I may request your permission to contact family members or significant other individuals. In these situations, I will inform you of my concerns and outline the basis of my clinical judgment. You will have the final decision as to whether I may contact these individuals. You will be asked to sign a consent-for-disclosure form.

If I think that it would be helpful to refer you to another professional for consultation (e.g., for medication) then I will discuss your case with the professional with your authorization.

If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary.

I do not accept friend or contact requests on any social networking site. I believe that adding patients as friends or contacts can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Professional Records

Pursuant to HIPAA, I keep Protected Health Information about you in your Clinical Record. This record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that disclosure is reasonably likely to endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Records, you have a right to review, which I will discuss with you upon request.

Ending Treatment

In most cases, the time comes when the circumstances that indicated psychological treatment are fully understood and resolved. A natural ending point or termination becomes evident to both of us. Either of us may terminate our work together if we believe it is in your best interest. Termination is a valuable part of our work together. Typically, the decision is made jointly between you and me, allowing sufficient time to review our work together including accomplishments and any outstanding issues that remain. If referrals are warranted, they will be made at this time. Sometimes, circumstances arise that result in an arbitrary ending date for treatment. In those situations, I request at least two sessions after the decision to end treatment has been made to conclude our work together.

Consent to Psychological Treatment

I have read the issues and points stated above, discussed, and clarified those that were unclear to me and had my questions answered. I fully understand and agree to comply with the conditions outlined in this consent form. I consent to enter psychological treatment with Lorraine B. Wodiska, PhD, as indicated by my signature.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Further, it serves as an acknowledgment that you received the HIPAA notice form described above.

Name: _____

Signature: _____

Today's Date: _____

I truly appreciate the opportunity you have given me to be of professional service to you. I am eager to receive your questions, comments, suggestions, or concerns at any time. I look forward to our work together and a relationship that I believe you will find productive and beneficial.

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