

## **PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This creates the safety to take risks and the support necessary to change.

### **My Responsibilities to You as Your Therapist**

#### **I. Confidentiality**

With the exception of certain specific situations described below, you have the absolute right to the confidentiality of your therapy. I will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. However, I may legally speak to another health care provider or a member of your family about you in the case of an emergency. You may direct me to share information with whomever you chose by signing a specific release of information, and you can revoke that permission at any time. I do consult with other mental health professionals on a regular basis, but I do not provide identifying information when doing so.

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you.

I use a cellular phone for all of my telephone conversations. With proper technology, these conversations can be overheard. If this is a concern for you, talk to me and we can make alternate arrangements.

If you elect to communicate with me by email, please be aware that email is not confidential. All emails are retained in the logs of your or my internet service provider (ISP). These logs are available to be read by ISP system administrators. A copy of any emails that we exchange will be kept in your treatment record.

#### **The following are legal exceptions to your right to confidentiality:**

If I have good reason to believe that you will harm another person, I must attempt to inform that person and the police.

If I have good reason to believe that you are abusing or neglecting a child, or if you give me information about someone else who is doing this, I must inform proper authorities.

If I believe that you are in imminent danger of harming yourself, I may call the police or people who know you who may help to ensure your safety.

#### **II. Record-keeping.**

I keep records of our interactions as required by law. You have the right to view a copy of your file and to request that I add an addendum to correct any errors. You may request that I send a copy of your file to another health care provider. I maintain your records in a locked file cabinet.

#### **III. Other Rights**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and look at alternatives. You can ask me

about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

#### **IV. Therapy**

I use a variety of approaches in therapy, trying to find what will work best for you. These are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, and reading books. If I propose a specific technique that has special risks, I will inform you. You have the right to refuse anything that I suggest.

Therapy has potential risks. You may experience feelings, thoughts or memories that you have tried not to think about, and these may be painful. Some people recall events that did not happen as they remember. Making changes in your beliefs or behaviors can be disruptive to your relationships. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you.

You normally will be the one who decides when therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I believe that I am unable to help you, I will inform you of this fact and refer you to another therapist. If you do violence to, threaten, or harass myself, the office, or my family, I reserve the right to terminate you immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you.

I am away from the office several times in the year for vacations. I will tell you in advance of any planned lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency, you may attempt to reach me via my cell phone at 608-213-7583. However, **I cannot guarantee that I will be reachable at all times**. If you believe that you cannot keep yourself safe, or in the case of any life threatening emergency, call 911.

I share office space with several other therapists. However, we are not a mental health agency, and we operate businesses that are independent from one another.

### **Your Responsibilities as a Therapy Client**

**I.** You are responsible for coming to your session on time. Sessions last for 50 minutes. If you are late, we will end at the scheduled time. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for 50% of that session at our next regularly scheduled meeting. I cannot bill these sessions to your insurance.

**II.** You are responsible for paying for your session at the time of the session (including any deductible or co-payment) unless we have made other firm arrangements in advance. My usual and customary fee for a session is \$110 for ongoing sessions, and \$130 for the initial session. Under certain special circumstances I may accept a lower fee, which will be noted below. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than fifteen minutes in a week on the phone, if you leave more than fifteen minutes worth of phone messages in a week, or if I spend more than fifteen minutes reading and responding to emails from you during a given week I may bill you on a prorated basis for that time.

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**III.** If you have insurance, I can bill them as a courtesy to you, but you are responsible for your bill, even if your insurance does not pay. You must pay your deductible and any co-payment at each session, and you are responsible for any pre-authorizations. If a check is mailed to you by your insurance company, you are responsible for paying me that amount at the time of our next appointment. If your insurance stops paying for sessions for any reason, you will need to pay for those sessions.

**IV.** I am not willing to have clients run a bill with me, and I cannot accept barter for therapy. It is important for you to know that you are responsible for your therapy bill, even if someone else (e.g., insurance or your parents) might be covering the bill. If a relative has agreed to pay your bill, you will still need to pay at the time of service. I can provide you with a receipt from which you can be reimbursed. If your bill becomes over 90 past due, I may give your name and the amount due to a collection agency.

### **Complaints**

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take your concerns seriously, and with care and respect. If you believe that I have behaved unethically, you can file a complaint with the State of Wisconsin Department of Regulation and Licensing.

### **Client Consent to Psychotherapy**

I have read and understand this statement. I have asked any questions that I needed to. I agree to pay the fee of \_\_\_\_\_ per ongoing session, and \_\_\_\_\_ for the initial session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. If I asked for a copy, I have been given a copy of this form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_