

**James Vincent, Ph.D., Chartered**

**Licensed Psychologist**

**Patient Agreement Form**

Welcome to my practice at the Therapy Center. I hope this will be a rewarding experience for you and your child. Before we get started, there are things you should know about the services I provide and expectations for clients. I am a Licensed Psychologist from the State of Kansas. I have a MA degree in Clinical Psychology from Minnesota State University and a Ph.D. in School Psychology from the University of Nebraska-Lincoln. I have over 25 years of experience working with children and adolescents in a variety of mental health settings. You can access my Curriculum Vitae at [www.therapycenterwichita.com](http://www.therapycenterwichita.com).

Outpatient psychotherapy may include diagnostic services, crisis intervention, parent training, and individual therapy. My practice is primarily with children/adolescents and their families. I typically do not do adult psychotherapy, marriage counseling, or work with addictions. I have a strong behavioral background and use these tools to help promote healthy interactions within the family. I also rely heavily on Cognitive-Behavioral techniques that have been shown to be effective with a variety of problems including anxiety and depression.

Psychotherapy can have benefits and risks. The expectation is that you will benefit from my services that are based on sound research. There is, however, no guarantee about the degree of benefit that will occur for your child.

During the initial session, I will conduct an interview that includes a developmental background, medical history, social, and educational history. At the end of this session, I will be able to offer you some first impressions and an initial treatment plan if you decide to continue therapy. You should closely evaluate this information and determine if you and/or your child is comfortable working with me. Therapy involves a commitment of time, money, and energy so you should be satisfied with the therapist you select. If you have questions about the therapy process or my approach, please discuss questions whenever they arise.

An informed consent for treatment involves being knowledgeable of the information and policies included in this form. Please review the following policies. Your signature at the end of this form indicates that you understand the information included and agree to the policies as stated.

### **Financial Agreement**

My fees include the following:

**\$250.00 for an initial evaluation** that includes developmental background, medical history, social functioning, and educational history. The Initial examination may require 60 to 90 minutes.

**\$250.00 per hour for individual therapy** (this would be coded as a 90837, 53-60 minutes, by insurance). This fee also applies to other services that are not covered by insurance including letter writing, attending meetings (e.g., IEP meetings), and phone consultation.

**\$250.00 per hour for Behavioral Consultation:** I provide expertise in the area of Applied Behavioral Analysis and can be hired to provide consultative services for children with behavioral challenges. This service would include conducting a Functional Behavioral Assessment of problematic behaviors as well as development of Behavioral Intervention. This fee would apply to driving time, report writing as well as direct services.

**\$250.00 per hour for Psychological or Psycho-educational Assessment.** This would typically include an intellectual, behavioral, personality, emotional, adaptive, social or behavioral assessments. Typically, a full assessment requires 6 hours or \$1500.00. This amount may vary (e.g., 4 to 8 hours) depending on the complexity of your case. Note that **insurance companies do not reimburse for the purpose of identifying learning problems**

**such as Dyslexia.** On these occasions, you will be responsible for payment for all or part of this service on the day of the assessment.

**\$40.00 for no shows.** In order to secure a commitment to the treatment process, I charge a fee for “no shows.” A no show is defined as failure to cancel the appointment within 24 hours of the appointment. You will be requested to pay this fee prior to scheduling additional appointments. Exceptions for this policy will be made for emergencies. Insurance companies will not pay for late cancellation or missed appointment fees.

For confidentiality reasons, some clients prefer to assume responsibility for the fee of services. Others may utilize insurance to assist with the fee for services. If insurance reimbursement is used, clients will likely be responsible for a portion of the fee for services as specified by most insurance plans. If you choose to use your insurance, it is very important that you to discover what mental health services your insurance policy covers including anything that insurance might exclude, deductibles that might apply, and co-payments that apply to services provided.

“Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with functioning. While a great deal can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. As a result, all services that you believe to be necessary for your child’s progress may not be covered by your insurance.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes, I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire records. In order to seek authorization for additional sessions, this information will become part of insurance company files and will probably be stored in a computer. It is important to understand that I have no control over this information once submitted to the insurance companies.

If you choose to utilize your insurance benefits, our office will file the claims with your insurance company. Most insurance companies will send you a statement of benefits when they reimburse services.

I am a preferred provider for most insurance companies who may provide reimbursement for all or part of the services listed. You are responsible for any part of services not covered by insurance (e.g., co-pays; deductibles).

### **Expectations:**

- I will keep all information confidential. The only exception is if I feel someone is in danger of hurting themselves or others. Kansas law requires any licensed professional who has reason to suspect child neglect, physical or sexual abuse to make a report to the appropriate agency. By law, if a client indicates that they intend to injure or kill them self or someone else, law enforcement agencies and/or potential victims must be notified for the client’s protection and the protection of others. Although uncommon, a client’s file may be subpoenaed by a court of law. In some cases, I may be ordered by subpoena to testify in court. You will be notified if I receive an order to testify in court or deposition. If the client is a minor, parents or guardians are entitled to information regarding your child.
- The laws and standards of my profession require that I keep treatment records. Due to the professional nature of these records, they may be misinterpreted by untrained readers. If you wish to see these records, I recommend that you review them in my presence so that we can discuss the contents. However, at your written request, you are entitled to receive a copy of these records or I can prepare a summary of them for you.
- I will try my best to help you and your child based on my clinical experience. If I cannot help you, I am obligated to refer you to someone who may have more experience/expertise in a specific area.
- **I do not become involved in custody disputes.** If you are looking for recommendations regarding custody issues, I will refer you to a professional who has expertise in this area.
- I am not perfect and I do make mistakes. Please feel free to communicate any concerns you may have about my services.
- I am available during the day at (316) 636-1188 or at (316) 650-4044 in case of emergencies.
- The services I provide are supported by research and are evidenced based. I do not provide experimental treatments.

- I typically require parental input and participation, especially when working with younger children. Therapy with adolescents can be difficult and requires more sensitivity as it relates to the “therapist-client” relationship. If your adolescent does not trust me, then I cannot help him or her. As a result, I will typically give parents general information regarding therapeutic progress and avoid giving specific details unless I feel the adolescent is in danger of hurting themselves or others.
- As soon as your child turns 18, all information is confidential and requires a written permission to release information.
- If you are divorced and have a shared custody arrangement, consent to treatment will need to be obtained by both parties before services can be rendered.

I hereby understand and agree with the expectations listed in the above mentioned policy.

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Patient Name

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Date

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Patient Signature (or Parent/Guardian)

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Date

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