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Informed Consent

Client-Counselor Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them.

Psychotherapy is a relationship between a clinician and a client that is entered for the purpose of a client's healing and growth. This relationship works well because it is defined by important rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should know. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Therapy

There can be many goals for the therapy relationship. Some of these will be long term goals such as improving the quality of your life. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, or changing behavior. In my practice, these goals are made collaboratively, which means that I will work with you to identify and establish the goals that you would like to accomplish in our work together.

Benefits and Risks of Therapy

Therapy can help you develop coping skills, improve relationships, gain control over difficult emotions and memories, make behavioral changes, reduce symptoms of mental health disorders, learn to manage anger, and improve the quality of your life. Therapy is a unique opportunity to work through difficult areas of your life that are hard to fix on your own or may simply be avoided.

Therapy is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that therapy will work for you and it is possible to make improvements and then go backwards after a time. Progress often

happens slowly and requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. To avoid as much risk as possible, I complete a thorough assessment in the beginning of therapy and use the information gained in our relationship to ensure that we are moving at a pace that is comfortable for you. I also make it a point in therapy to check in with you to see how the therapy is going and make adjustments when we are not making progress desired. I welcome your feedback about what is going well and not going well at all times.

Appointments

Appointments are typically 50 minutes in duration, once per week; although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 48 hours' notice. If you miss a session without canceling, or cancel with less than 48 hour notice, you will be required to pay for the session. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Confidentiality

Information discussed in the therapy session is considered confidential. Thus, this information will not be discussed or shared outside of the therapy session and will be maintained in compliance with HIPPA regulations. There are a few exceptions:

1. I may consult with another professional therapist in order to give you the best service. In the event that I consult with another therapist, no identifying information, such as your name, would be released.
2. I am required by law to release information when the client poses a risk to themselves or others.
3. I am required by law to report cases of abuse to children or vulnerable adults.
4. If I receive a court order or subpoena, I may be required to release some information. In such a case, I will consult with other professionals and limit the release to only what is necessary by law.
5. If you wish to have information released, you will be required to sign a consent form beforehand.

Confidentiality and Technology

Some clients may choose to use technology in their communications about therapy. This includes but is not limited to email, telephone, or text. While I take every precaution to safeguard your information, I cannot guarantee that unauthorized access to electronic communications could not occur. As a result, I recommend that we keep conversations via email, phone, and text to non-sensitive communication, such as scheduling. Please be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your therapy

sessions. In addition to email, phone, and text, I offer secure messaging through my electronic medical record system. In order to utilize this function, you will need to register with the system. I request that any sensitive information you need to send go through that portal to maintain your confidentiality.

Record Keeping

Throughout your therapy, I will keep records of your therapy sessions, treatment plan with goals for your therapy, as well as our communications. These records are kept to ensure a direction to your sessions and continuity in service. They are stored on a HIPPA compliant and highly encrypted electronic medical record system. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should you wish to have your records released, you will be required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer.

Professional Fees

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash or credit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

Fees are non-negotiable and are subject to change at therapist's discretion.

Fee Schedule

Free 30-minute consultation to determine fit

90791 psychiatric diagnostic evaluation (Intake) – \$200

90834 psychotherapy 50 minutes – \$175

90837 psychotherapy 90 minutes – \$225

90853 group therapy 90 to 120 minutes – \$100

Insurance

While I do not participate in insurance panels, I will be happy to supply you with a receipt of payment for services, which you can submit to your insurance company for

reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, please go to your local hospital or call 911.

Consent to Therapy

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature _____ Date_____

Clinician Signature _____ Date_____