Consent to treatment and Financial Responsibility

Please read and *sign two copies*. Keep one for your records

Two Roads Wellness Associates, LLC, is the psychological practice of Erin O'Donnell, Psy.D. By entering yourself or your child into treatment you are agreeing to engage in a professional relationship which requires a shared understanding of roles, rights and responsibilities. To serve you or your child best, please read the following carefully and ask questions at any time.

Rights and Risks:

- You may ask questions about any aspect of the counseling process.
- If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report.
- Therapy is most effective when you are open and can speak honestly about your emotions and experiences.
- Therapy may include talking about emotionally provoking subjects and scenarios.
- You or your child may experience some emotional discomfort related to building insight or being engaged in exposure and response prevention techniques. This will be discussed before, during and after to ensure tolerable levels of discomfort, in accordance with best practices for treatment and the treatment plan collaboratively agreed upon.
- Please be aware that in the case of divorce, both biological parents (assuming both hold parental rights) must consent to treatment and sign consent. If child is not in custody or guardianship of parents, the state or authorized agent must consent to child's treatment.

Confidentiality:

- Information shared by you in session will be kept confidential.
- Information will not be released without your written consent, except for professional consultation if needed and unless required by law.
- I am required by law to disclose information pertaining to suspected child abuse, the inability to care for one's basic needs for food, clothing or shelter, and threatened harm to oneself or others.
- The court may subpoena counseling records.
- It is understood that information regarding treatment and diagnosis may be provided to an insurance company.
- You may want to discuss further limits or exceptions of confidentiality.
- Confidentiality as it relates to children and adolescents: Parents hold the privilege of confidentiality for their child/ children. You have a right to know any aspect of your child's treatment. Due to the need to develop a therapeutic rapport based in trust with your child, I will discuss reasonable privacy expectations with you and your child and create a shared agreement related to this.

Appointments:

- All office visits are by appointment and may be made by calling Dr. O'Donnell. Should you choose to reach out via email, please be advised that the email server used (Gmail) is not HIPAA compliant.
- Please arrive on time, as you use up your own time when you arrive late for an appointment.
- Late cancellation (less than 24 hours before) *and/or* no-show appointments are billed to the client for the full amount. In the case of illness, please notify as soon as reasonably possible on the day of the appointment. Please leave a message if you get voice mail. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations.

Fees:

- The client portion (co-pay) of fees is expected at the time of service.
- Your health insurance may help you recover some of your counseling costs. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit.
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at

time of service.

- Clients must maintain an active credit card on file and fees (e.g. copayments, deductible payments, and missed session fees) will be deducted from this card, unless otherwise specified.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- ***Accounts 90 days in arrears will be terminated***.
- In the event you find it necessary to change mental health providers and require records to be sent from **Two Roads Wellness Associates, LLC,** your account will need to be paid in full.

I have read, understand and agree to the above policies. I have been offered a copy of these policies to take with me if desired. I hereby authorize **Two Roads Wellness Associates, LLC,** and my therapist to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with the Commonwealth of Massachusetts Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of **Two Roads Wellness Associates, LLC,'s** Privacy Policy.

Fees (unless otherwise stated):

Initial Interview	**$250.00**
Session Fee (45-60 min)	**$200.00**
Session Fee (20-30 min)	**$125.00**

Letter/ report writing and presence (via phone or in person) at meetings and conferences related to your/ your child's treatment and wellness are subject to fee equivalent to session time fees listed above and are not reimbursable by insurance.

No show or Late Cancellation	**Cost of session missed**
Bounced Check Fee	**$50**

By signing below you are agreeing that you have read and agreeing to the above statements and consenting to treatment for yourself and/ or your child.

Client/ Parent Signature(s): ________________________________ Date: ______________
(Parent signature(s) required for minors)

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Print

________________________________ Date: ______________

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Print

Clinician Signature: ________________________________ **Date**:______________

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Print

Emergencies:

The **best phone number** for Dr. O'Donnell is (617) 651-5933. In a crisis situation, and Dr. O'Donnell cannot be reached you may **call 911, *or* go immediately to your local hospital emergency room.**