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OUTPATIENT SERVICES CONTRACT: PROFESSIONAL DISCLOSURE & INFORMED CONSENT

Welcome to my practice. Federal regulation asks me to provide this information about my professional services and business policies. I hope this description is both clear and welcoming. Please read it carefully and jot down any questions that you have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

Counseling and Psychological Services

I am licensed in the State of Indiana as a mental health counselor, which authorizes me to provide these services to you (Indiana License: 39001539A). I am ethically and legally bound to provide only those services for which I have a license and for which I have been trained. Should you require any service for which I am not qualified, I will refer you to someone with the required expertise. My responsibility is to facilitate arrangements for referral. Your responsibility for continuity of care is to follow through with the best plan you can make based on all recommendations you gather.

Contacting Me

Usually confidential voice mail will answer your call, but I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. I will respond to email messages either by phone or email within 24 to 48 hours only during the workweek. If you contact me via email, please note that I use email only for scheduling appointments. I do NOT conduct counseling through the Internet, and will NOT respond to questions related to your emotional or medical condition, except by telephone, in writing, or in person. While I will do what I can to protect your privacy should you choose to communicate with me via email, you should assume that any email messages to or from me are not confidential.

In the event of an emergency, please take yourself or your loved one to the nearest hospital emergency room. If crisis takes you to the hospital, the staff there can call me directly on your behalf. If I am unavailable for an extended time (e.g., for continuing education or vacation), I will provide you with the name of a trusted colleague whom you can contact if necessary. These arrangements for contact will be my standard practice unless a specific need requires another arrangement.

Appointments

A psychotherapy session is 50 minutes, unless we have made other arrangements for a longer or shorter session. A hypnosis session is generally 50 - 75 minutes, unless we have determined otherwise. An EMDR session is generally 90 minutes, unless we have determined otherwise. Once a session has been scheduled, it is reserved for you. You will be expected to pay for it unless you provide 24 hours notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. You will be responsible for the full fee. I cannot bill insurance for missed sessions.

Professional Fees

The initial evaluation fee is \$150 for 75 minutes (\$175 for couples). Regular counseling sessions are \$110 (\$145 for couples). Extended session time for EMDR is generally recommended and is charged at the rate of \$145 for 75 minutes; \$165 for 90 minutes). Due the amount of preparation required, hypnosis is charged at the rate of \$145 per 50 minutes. Other professional services that you may require (report writing, telephone calls, preparation of records or treatment summaries) which last longer than ten minutes, will be charged at \$25 per quarter-hour (15 minutes). Should you become involved in litigation which requires my professional time, the fee is \$350 per billable hour, and I will need to receive payment in advance for preparation time, driving and waiting time, and my attendance.

Billing and Payment

Payment of the full hourly fee by cash, check, or credit card is expected at the time of service unless we agree otherwise or unless your insurance coverage requires another arrangement. At the end of each month, I will provide you with an invoice of your dates of service and payments made for your records.

Insurance Reimbursement

If you have health benefits, I will provide whatever assistance I can, including filling out forms as appropriate. However, you and not your insurance company are responsible for full payment of our agreed fee. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

You should also be aware that insurance reimbursement requires that you meet the criteria for a clinical diagnosis and that you consent to provide that diagnosis to your insurance company. Your insurance carrier may also request additional information such as a treatment plan or summary. This information will become part of the insurance company file and some may be computerized. In some cases, some private health information can be shared with the national medical information data bank. Once I give clinical information to the insurance company, I have no control over what they do with it. If you request, I will provide you with a copy of any report I submit.

Professional Records and Confidentiality

Both laws and the standards of my profession require that I keep appropriate treatment records and that I safeguard your privacy (see Notice of Privacy Practices at www.dinavarano.net/practiceinfo/). My best practice requires collaboration and consultation with my peers so that I am steadily evaluating my own thinking and effectiveness as well as adding resources to our work together. I will do my best to protect your identify while seeking consultation and unless you specifically ask, I will not tell you about each consultation. Furthermore, while parents of minors have the right to review their child's record, content of sessions is generally kept confidential in order that your child may build trust in me as his or her therapist. I will set aside specific time for you to discuss your child's treatment and convey general information to you about his or her progress in therapy. Specific session content, however, will not be shared unless it is for the benefit of your child.

What to Expect in Therapy

Most people come to therapy to feel better; achieve life goals; improve communication; heal suffering; increase wellbeing; love with more generosity, wisdom and skill; and contribute to a wider community. The greatest benefits come from self-reflection, increased emotional expression, exploration of hopes and dreams, and thoughtfully dismantling habits that get in the way of effective living. Achievement of your goals is often determined by your perseverance, courage, and openness to developing practices that support change and growth, and that respect any true limitations imposed by your situation.

As a licensed mental health counselor, I am responsible for advising you that counseling involves both benefits and risks. Increased awareness and insight in the therapy process may bring up difficult feelings before resolution brings more comfort or relief. It could be hard to disclose important information you consider personal or private, or to accept feedback from your therapist. Some clients find it difficult to accept encouragement and support. In discussing your life history, you may also bring to mind experiences from your past that you find unpleasant. At times, family, friends, or coworkers, who are unfamiliar with your new behaviors, may resist changes that are positive for you. While it is impossible to guarantee any specific results related to your goals, please know that I will work with you to achieve the best outcome possible given my training and your current situation or resources.

Your signature below indicates that you have read the information in this document and freely choose to abide by its terms during our professional relationship.

Signature: _____ **Date:** _____

Signature (if couple): _____ **Date:** _____

Printed name(s): _____

Address: _____

Telephone: home _____ office _____ cell _____

Witness: _____ Date: _____