

FRANCE FREDERICK, Ph.D.
CLINICAL PSYCHOLOGIST
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LICENSE # 946

CLIENT INFORMATION AND CONSENT

Psychologist

The undersigned psychologist is a licensed Clinical Psychologist and is engaged in private practice psychological services to clients directly and as an out of network provider for insurance companies that have mental health benefits.

Though it is not always easy to seek help from a psychologist, it is my hope that you will be better able to understand your situation and feelings and move toward resolving your difficulties. As a psychologist, using my knowledge of human development and behavior, I will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and try new approaches in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if it recommended.

Appointments

Appointments are made with France Frederick by calling 251. 928. 0765 or within the session time. Standing appointments are to be agreed upon between patient and therapist and for a specified time. It is important to note that if a session needs to be cancelled or rescheduled that the client is responsible for notifying the psychologist at least 36 hours in advance or you will be charged for the missed appointment. Third-party payments will not usually cover or reimburse for missed appointments.

Number of Visits

The number of sessions needed depends on many factors and will be discussed in the sessions.

Length of Visits

Therapy sessions are 60-90 minutes in length unless a different time limit is discussed. Children's sessions may be shorter and evaluation session may be considerably longer. Agreed upon lengths of sessions may vary circumstantially.

Relationship

The therapeutic relationship is a professional one that involves the client and the psychologist and often other family members or individuals within the client's inner circle of relationships within the limits of the therapeutic milieu.

Cancellations

Cancellations must be received at least 36 hours before your scheduled appointment; otherwise YOU will be charged the customary fee for that missed appointment. You are responsible for calling to cancel or reschedule your appointment.

Payment for Services

The charge for your initial session \$180 per hour and the charge for any subsequent sessions is the same, but the initial session is at least 1.5 hours. The psychologist will look to you for full payment of your account and you will be responsible for payment of all charges. Different co-payments are required by various insurance coverage plans. Your co-payment is based on the provisions of your insurance company, not by the psychologist. In addition, the co-pay may be different for the first visit than for subsequent visits or may be different depending on the length of the sessions. You are responsible for and shall pay your co-pay portion of the charges for psychotherapy at the time the services are provided. It is recommended that you determine your co-payment before your first visit by calling your benefits office or insurance company.

Although it is my goal as a psychologist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosures of your records or testimony is required by law, you will be responsible for and shall pay the costs involved in producing the records and my normal hourly rate for the time involved in preparing for and giving testimony as well as any legal fees that I might incur to file motions to protect confidentiality or legal fees incurred as consultations related to your case. Such payments are to be made at the time or prior to the time the services are rendered by this psychologist.

Confidentiality

Discussions between a psychologist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in the mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the psychologist has a duty to disclose or where, in the psychologist's judgment, it is necessary to warn or disclose; fee disputes between the psychologist and the client; a negligence suit brought by the client against the psychologist; or the filing of

a complaint with the licensing board. If you have any questions regarding confidentiality, you should bring them to the psychologist's attention and discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned psychologist to share confidential information with all persons mandated by law and with your insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned psychologist from any departure from your right of confidentiality that may result.

Duty to Warn

In the event that the undersigned psychologist reasonably believes that I am a danger physically or emotionally, to myself or another person, I specifically consent for the psychologist to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel:

Name:

Telephone Number

I consent for the undersigned psychologist to communicate with me by mail, email and by phone at the following addresses and phone numbers, and I will IMMEDIATELY advise the psychologist in the event of any change:

MAILING ADDRESS

EMAIL ADDRESS: _____

TELEPHONE NUMBERS: _____

Risks of Psychotherapy

Therapy is the Greek word for change. You may learn things about yourself that are uncomfortable or disconcerting. Often, growth does not occur until we experience and confront issues that induce sadness, sorrow, anxiety or pain. The success of our work

together depends on the quality of efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy. Specifically, one risk of marital therapy is the possibility of the couple choosing to end their marriage.

After-Hours Emergencies

If there is any emergency you may call 251. 928.0765. If you get the voice mail, it may be more prudent to go directly to your nearest Emergency Room. Do not wait for a return phone call if the situation requires immediate attention. Phone calls and Emergencies are billed in 15 minute increments.

Psychologist Incapacity of Death

I acknowledge that, in the event the undersigned psychologist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my files and records. By signing this information and consent form, I give my consent to allowing another licensed professional selected by the psychologist to take possession of my file and records.

Consent to Treatment

I, voluntarily, agree to receive Psychological Services, assessment, care and treatment and authorize the undersigned psychologist to provide such care, treatment or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment or services, and that I may stop such care, treatment or services that I receive as long as I allow 36 hours cancellation for any appointments.

By signing the Client Information and Consent form I, the client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything that is unclear to me.

Client

Date

As witnessed by

France M. Frederick, Ph.D.
Clinical Psychologist