

SYLVAN PSYCHOLOGICAL, PLLC

Amber Sylvan, Ph.D., LLP

206 S. Main St., Ste. 206

Ann Arbor, MI 48104

(734) 780-4746

Informed Consent and Service Contract

Individual Psychotherapy

Welcome to my practice! I am a doctoral limited license psychologist in the state of Michigan. I provide psychological services including individual psychotherapy, psychological testing and assessment, and career counseling and assessment. This document provides a comprehensive overview of my practice's policies. Please read over each section carefully and make sure to review any questions or concerns you may have with me during our first meeting. Signing this document indicates that you have been informed of and consent to my policies as a client at this practice.

PSYCHOLOGICAL SERVICES

Thank you for investing in yourself by choosing to enter therapy. Psychotherapy can look different for each person and is difficult to describe in generalities, and I may use a variety of techniques, treatments, and approaches to helping you achieve your therapeutic goals. Therapy works best when the client takes an active role in the process, both during therapy sessions and outside of sessions. I value an open and collaborative relationship, and will check in routinely about how you think our work together is going. I appreciate feedback about our process, because I believe this will help you reach your goals.

Psychotherapy can have risks and benefits. Therapy often involves addressing problematic aspects of your life, which can mean experiencing unpleasant emotions such as sadness, anger, guilt, and frustration. This is a normal part of the therapeutic process and important step towards long-term healing. Research has shown that therapy is effective and can produce many benefits including reduction of distress and better relationships. However, I unfortunately cannot guarantee what you will experience.

Our first sessions will involve an evaluation of your needs. By the end of this evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners who may be better suited to help you.

Therapy involves a significant commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures or policies, we should discuss them whenever they arise. You have the right to discontinue services at any time. If this situation occurs, I can provide you with a list of referrals.

SESSIONS

My initial intake session lasts 60 minutes and subsequent sessions are 50-55 minutes. Therapy sessions typically occur weekly, although bi-weekly or monthly sessions may be appropriate depending on therapeutic need and personal circumstance. Once an appointment is made, you are responsible for attending that session and payment for that session. Our session begins at the agreed-upon time and I will not typically begin a session early. Even if I am not with another client, I am often engaged with administrative tasks. If you are more than 15 minutes late for your session, you lose your guarantee of your time with me and I may be unavailable if you arrive after this time. I require 24-hour notice if you wish to reschedule your appointment. If I do not receive this notice, you will be billed for the full amount of the session. If there are extenuating circumstances, such as sudden illness or accident, this fee may be waived. In this instance, you should contact me as soon as possible.

PROFESSIONAL FEES

My fee for the initial intake session is \$170 and my fee for subsequent 50-55-minute sessions is \$150. Payment is required at the end of each session unless other arrangements have been made, and I will not schedule your next appointment if payment has not been made. In circumstances of financial hardship, please discuss your concerns with me, as there may be the option of adjusted fees.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I will release regarding a client's treatment is their name, the dates, times, and nature of services provided, and the amount due.

CONTACTING ME

I am often not available directly by phone, and you will be taken directly to my voicemail. I return calls as soon as possible. Calls lasting longer than 15 minutes become eligible to be billed. Although you may contact me via email and text, these are not considered secure forms of communication, and you may wish to limit this information to scheduling only. Therefore, it is not recommended that you divulge personal information using these forms of communication, or do so at your own risk.

You should not expect me to return communications outside of normal business days and hours. If you believe you are in crisis and are unable to get a hold of me, please call your primary care physician, the nearest emergency room, or the Community Crisis Response Team at 734-994-8048.

OUTSIDE CONTACT AND SOCIAL MEDIA POLICY

In order to preserve your confidentiality and minimize unethical dual relationships, I do not accept friend or contact requests on social media website (e.g., Facebook, LinkedIn, etc.). Such outside relationships are not only potentially unethical and may compromise your privacy, but they may negatively impact our ability to work together.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few rare but important exceptions where I would be required to reveal information about a client's treatment in order to protect others from harm or to comply with the law.

- If I believe that a child or vulnerable adult is being abused or has been abused, I must make a report to the appropriate state agency.
- If I believe that a client may follow through with a threat to commit suicide or serious bodily harm, I must take action to prevent that harm from occurring. These actions may involve arranging for hospitalization or contacting the police.
- If I believe that a client is threatening serious bodily harm to another person, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and arranging for hospitalization.
- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if they determine that the issues demand it, and I must comply with that court order.

These situations are rare but may happen. If any of these situations occur, I will attempt to fully discuss it with you before taking any action.

Additionally, you should be aware that I attend weekly supervision to fulfill the requirements of my limited license. My supervisor's name is Amy Paggeot, Ph.D., Licensed Psychologist. The content of our supervision sessions are bound by the same rules of confidentiality.

PROFESSIONAL RECORDS

The law and professional standards requires me to keep treatment records. You are entitled to a copy of your records if you request it, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I strongly recommend that we set up a meeting to review them together so that we can discuss the contents together. Clients are charged the appropriate amount for the time spent reviewing records. I maintain records for 6 years after terminating services.

TERMINATION OF SERVICES

During our work together, we will be regularly reviewing your progress and the appropriateness of terminating therapy. If for whatever reason you should wish to discontinue therapy, I request that you give me notice and we have an ending session (possibly multiple ending sessions for long-term work). Closure is important, and this is an important time to review your progress and next steps. If you wish to pursue treatment with another provider, I can provide you with a list of referrals.

I reserve the right to terminate our work together. I will not terminate therapy without first making an active effort to discuss the reasons with you first. Reasons I may choose to terminate therapy may include the following: 1) therapy goals have been met, 2) payment is in default, 3) more than two appointment no-show's without notification, 4) no appointments or communication for more than two weeks, 5) treatment needs are outside of the scope of my practice or competencies, and, 6) the professional service contract has been violated by the client.

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

Client's Signature

Date

Amber Sylvan, Ph.D., LLP

Date