

INFORMED CONSENT

HOVI SHROFF Ph.D.

SOUTH FLORIDA COUNSELING ASSOCIATES

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and make a note of any questions you might have, so that the same may be addressed. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the counselor and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on the part of the patient. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

If you have questions about any of my interventions or procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional.

PROFESSIONAL FEES

My hourly fee is \$200. If we meet more than the usual time, I will charge accordingly. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge \$250 per hour for professional services I am asked or required to perform in relation to your legal matter.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances

of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

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. If such legal action is necessary, its costs will be included in the claim.

CONTACTING ME

I am often not immediately available by telephone. I am usually in my office between 9 AM and 6PM. I, probably will not answer the phone when I am with a patient. When I am unavailable, you can leave a message on my voicemail. I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your primary care physician or the nearest emergency room. If I will be unavailable for an extended time, I will inform you in advance, and provide you with the name of a colleague to contact, if necessary.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a counselor is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

- 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 he/she determines that the issues demand it, and I must comply with that court order.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. If I believe that a child, an elderly person or disabled person is being abused or has been abused, I may be required to make a report to the appropriate state agency.
- If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

If you have any questions, I will be happy to discuss these issues with you and provide clarification when possible. Your signature below indicates that you have read the information in this document and agree to its terms during our professional relationship and give me permission to provide you with counseling services.

PATIENT SIGNATURE: _____ DATE: _____

(By typing my name on this line, I acknowledge that this acts as my electronic signature and agreement to the above-mentioned terms)

Cancellation Policy

If you are unable to attend an appointment, we request that you provide us with at least 24 hours advanced notice. Since we are unable to use this time for another client, please note that you will automatically be billed the 50% cost of the entire session, which will be the sum of \$100.00, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24-hour notice (unless due to illness or an emergency) or a scheduled appointment that is forgotten or completely missed, you will be billed directly for the entire session, which is a fee of \$200.00.

We appreciate your help in keeping the office schedule running timely and efficiently.

Client Signature (Client's Parent/Guardian if under 18)

(By typing my name on this line, I acknowledge that this acts as my electronic signature and agreement to the above-mentioned terms)

Date