

KIMBERLY LAWRENCE KOL, PSY.D.

PSYCHOLOGIST-DOCTORATE

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## INFORMED CONSENT TO RECEIVE PSYCHOLOGICAL SERVICES

### PROFESSIONAL QUALIFICATIONS

I received my B.A. from Dartmouth College and my Doctorate in Clinical Psychology from Ferkauf Graduate School of Psychology at Yeshiva University. I have specialized training in treating eating disorders, body image disturbance, and other food related difficulties.

### PSYCHOLOGICAL SERVICES

Psychotherapy varies depending upon the personality of both the therapist and the patient, as well as the particular set of problems the patient brings. Psychotherapy requires an active effort on your part: in order to be most successful, you will have to strive for self-awareness and work on things we talk about both during our sessions and in between. There are a number of different approaches that can be used to help you with your problems. I have been trained in a wide array of treatment forms and am experienced in treating many different difficulties. In addition to my work as a general therapist for adults and couples, I am considered a specialist in the treatment of eating disorders, compulsive overeating, chronic dieting, and body image problems in adults and older adolescents.

There are benefits and risks to therapy. Since treatment often involves discussing difficult aspects of your life, you may experience uncomfortable feelings. Couples therapy does not insure that a couple remains together. However, therapy has many possible benefits including a reduction in distress, better relationships, resolution of specific problems, fewer medical problems, better work success, and greater life satisfaction.

Our first few meetings will involve an evaluation of your needs and history. Throughout the evaluation, we will be discussing goals, what the work may include, and an initial treatment plan. It is important that you evaluate this information along with your own assessment of how you feel about working with me. Successful therapy involves a large commitment of time, money, and energy; you should choose your therapist with care. If you have questions about my training, my methods, or my recommendations, feel free to discuss them with me. If your doubts persist, I will be glad to provide you with a referral to another mental health professional.

### MEETINGS

I typically conduct an evaluation and take a thorough history, which requires two to three sessions. During this time we can both decide what services might be most useful and whether I am the best person to provide them. If we begin psychotherapy, we will usually schedule one to two 50-minute sessions per week. Sometimes sessions may be longer or more frequent.

### PROFESSIONAL FEES

My hourly rate is \$250 per 50 minute session for individuals and \$280 for couples/families. I do not cancel sessions due to weather; if driving is difficult, you may choose to do a phone session in lieu of an office session. You will be charged for every scheduled session unless you have cancelled or requested rescheduling at least 24 hours in advance of our scheduled meeting time. (Insurance does not cover the cost of missed appointments.) In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require, such as: report writing; telephone conversations lasting longer than ten minutes; telephone or in-person consultations with other professionals that you have requested; preparation of records, reports, or treatment summaries for insurance or other agencies; or the time required to perform any other service which you request. You will be expected to pay for each session and any previous services at the time the session is held. Payment is due at the beginning of each session and may be made by cash or check. Payment schedules for other professional services will be agreed to when these services are requested.

If your account is more than 60 days overdue and payment arrangements have not been made, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such action is necessary, the costs of those measures will be included in the claim. In most of these cases, the only information I release about a patient's treatment will be their name, type of services provided, and amount due. I charge a \$30 fee for bounced checks.

Occasionally patients ask their therapist to become involved in legal or civil matters. I discourage this practice, as our relationship is clinical and not legal. However, if it becomes necessary for me to become involved in a patient's legal matter, the patient will be expected to pay for the professional time required even if I am compelled to testify by the court and not necessarily by the patient. Because of the complexity and difficulty of legal work, I charge \$420 per hour for preparation, travel, and attendance at any legal proceeding.

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. It is important to note that you and not your insurance company are responsible for full payment of my fee at the time my services are provided. Some health insurance policies cover a portion of the fee for mental health treatment; I am considered an out-of-network provider and you are responsible for checking your coverage and submitting claims for reimbursement. At the time of payment, I will give you a receipt that you can copy for your insurance company. Please specify if you intend to submit a claim, as there is extra information required for insurance reimbursement, including a diagnosis of a "mental disorder." Additionally, your insurance company may require my providing them with a detailed history including substance abuse and sexuality history. You may understandably elect not to use your insurance to protect your confidentiality or to avoid the "mental disorder" label. When you pay for your therapy rather than use insurance, you—and not your insurance company—control what you talk about, who has access to it, where your therapy leads, and when it's finished. If you decide to use your insurance, they may require me to submit periodic reports about your progress in order to authorize further sessions, which we will do together in session. I do not communicate with insurance companies on the phone or through email.

## **CONTACTING ME**

I am often not immediately available, but monitor my voicemail and email messages daily. The most effective way to contact me is through email. I will make every effort to return your call or email within 24 hours, with the exception of weekends and holidays. If you cannot reach me and you believe it is an emergency, you should call the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call, or dial 911. If you are a Dartmouth student, you can call Dick's House at 603.650.1440 and ask for the counselor on call. If I plan to be unavailable for an extended time, I will provide you with the name and number of a trusted colleague whom you can contact if necessary. If you choose to communicate with me by email or text, be aware that this is not a secure form of communication.

## **PATIENT RIGHTS**

You have the right to be treated with dignity and respect. You have the right to necessary and available treatment regardless of race, religion, national origin, age, handicap, gender, or sexual orientation. You have the right to be informed about the services and treatment available for your needs. You have a right to know your diagnosis, if you have one, and your treatment plan. You have the right to consent to treatment or to refuse treatment. You have the right to review your clinical records. You have the right to give or withhold access to your clinical record to others, such as a relative or lawyer. You have the right to complain if you believe your rights, or someone else's rights, have been violated.

## **CONFIDENTIALITY**

In general, the law protects the confidentiality of all communications between psychologist and patient. I can release information about our work to others only with your written permission. I am committed to protecting your privacy. However, there are several exceptions.

In most judicial proceedings, the patient has the right to keep me from providing any information about treatment. However, in some circumstances a court may require my testimony. In addition, I am legally bound to take action to protect others from harm, even though that may require revealing some information about the treatment. If I suspect a child has been abused or neglected, or if I believe that an incapacitated or elderly adult has been abused, neglected, or exploited, I must contact the appropriate agency and file a report. If I believe a patient has made a serious threat to harm a person or damage property, I must notify the intended victim, report the threat to the police, or seek appropriate hospital admission. If a patient threatens to harm herself or himself, I am required to take steps to protect the patient, which may include hospitalizing the patient or contacting family members or others who can provide protection. These situations have rarely arisen in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before I take any action.

To insure the best treatment, I may discuss your situation with a consulting colleague. I make every effort to protect your identity during these consultations; the consultant is also legally bound to keep information confidential. If you have concerns about this aspect of treatment, please feel free to discuss them with me.

If I am unexpectedly unable to continue treatment due to illness, accident, or death, my trusted colleague Gretchen Dominiak, Psy.D. will handle my professional matters. This may include contacting you, discussing my situation and its impact, and making treatment recommendations.

## **AGREEMENT**

*I hereby authorize Kimberly Lawrence Kol, Psy.D. to provide psychological services to myself, my child, or minor to whom I am legal guardian. I have read, understand, and agree to the conditions and policies described above.*

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signature of patient or parent/guardian

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date