Jesse Matthews, Psy.D., *Licensed Psychologist*
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Information and Informed Consent for Treatment

Thank you for choosing Dr. Jesse Matthews. Please read the following information so you will be fully aware of important aspects of our professional relationship.

Informed Consent for Treatment

By signing this I hereby give my consent for myself and/or my minor child(ren) to participate in psychotherapy. This is voluntary and I am free to discontinue treatment at any time.

I understand that psychotherapy is a collaborative effort between myself and Dr. Matthews, and although treatment is expected to be helpful, Dr. Matthews makes no guarantees that I will feel better or that problems will be resolved. I understand that sessions are 45-55 minutes in length, though evaluations may be longer.

I understand as well that during psychotherapy, some material may be discussed that could be upsetting. Such discussions may be an essential part of treatment and are only undertaken to support the process of solving problems or working toward treatment goals.

Confidentiality Statement

All information shared during the course of sessions is confidential except in circumstances governed by law. These include: (1) any threats to harm self or others; (2) any reports of child or elder abuse; (3) court order to disclose information; and (4) with your signed consent through a Release of Information form. If you choose to utilize health insurance, your insurance company may require information regarding treatment on an ongoing basis in order to authorize services. Please note that Dr. Matthews has no control over, and is not responsible for, information that has been released to any third party. By signing this form you are acknowledging that you understand and agree to these limitations of confidentiality.

General confidentiality: Dr. Matthews understands that it is very possible that current or former clients and/or their families may come into contact out in the community. Out of respect for your privacy, Dr. Matthews will take your lead during these times. Should there be a chance meeting in a store, restaurant, or other public venue, Dr. Matthews will not initiate any contact, but will gladly reciprocate a greeting. Should current or former clients desire to avoid such contact, Dr. Matthews will respect this as well. Dr. Matthews has a responsibility to keep current and former client information confidential, and will maintain a professional relationship at all times.

Financial Agreement

I authorize Dr. Matthews to render necessary treatment. If I am using insurance, I authorize payment of medical benefits directly to Dr. Jesse Matthews for any services rendered. I understand that I am

ultimately financially responsible for treatment regardless of third party (insurance company) action. **I understand that my payment or copay/co-insurance is to paid in full at the time of each session.**

Fees may be subject to change, and should this occur, Dr. Matthews will inform me prior to this going into effect.

My fee/responsibility per visit is $_____, payable at the time of service. Dr. Matthews accepts cash, checks, or credit cards (including Flexible or Health Spending Accounts). There is a $25 service charge for all returned checks and Dr. Matthews reserves the right to request an alternate form of payment for future services, should this occur.

A regular fee of $160 will be charged per hour for additional services rendered at your request (billed in 15-minute increments), including: phone contacts over 10 minutes; preparations of special forms; letters written for legal purposes; insurance reports; preparing summaries of treatment; or meetings with other providers on your behalf. Any court appearances will be billed at $160 per hour, billed in advance in 4-hour increments, and this will include time for preparation, travel, and any testimony provided. Please note that none of these services are reimbursable by insurance companies and will be the patient's responsibility.

Please notify Dr. Matthews if your insurance or copay changes as soon as possible. Any charges not covered by your insurance are your responsibility. If you have a deductible, you are responsible for your deductible and required to meet the deductible prior to your insurance company submitting payment for any services rendered.

Referral for Collection

After 90 days of nonpayment, Dr. Matthews reserves the right to refer delinquent accounts to an outside agency or an attorney for collection. In this event you will also be charged any fees incurred as a result, including attorney fees and court costs. Dr. Matthews may deny subsequent services when account balances are unpaid.

No-Show and Cancellation Policy

Your appointment time has been reserved for you, and thus Dr. Matthews will be unable to fill that time, should you fail to attend or cancel with less than 24 hours notice. **Dr. Matthews requests that you provide at least 24 hours notice if you cannot attend a session.** If you do not provide adequate notice, other than in cases of a dire emergency, you will be charged a fee for reservation of the appointment time. Insurance companies do not pay for sessions you have not attended, so if you are using insurance, you will be responsible for the contracted hourly rate.

* If you do not show for a session and have failed to contact Dr. Matthews, you will be charged Dr. Matthews' hourly rate of $160; or if you are using insurance, the amount permitted per hour by your insurance company, which is: _____.

* If you cancel an appointment with less than 24 hours notice, you will be charged a flat rate of $50.

* Dr. Matthews reserves the right to cancel future sessions until balances, including no-show/late cancelation fees have been paid. Further, if missed appointments become an issue, Dr. Matthews reserves the right to require that a credit card be kept on file for payment of missed session fees.

Internet/Social Media

Dr. Matthews recognizes the accessibility and convenience of using the Internet and social media to find information and to create and maintain relationships. However, Dr. Matthews does not initiate or maintain relationships with clients via social media or otherwise through the Internet. Any requests to associate with Dr. Matthews online will not receive a response. Though Dr. Matthews maintains professional pages on social media, these are for informational purposes only. Dr. Matthews also does not use the Internet to find out information regarding patients. What you decide to share with Dr. Matthews is at your sole discretion. This policy is for your protection and out of respect for your privacy.

Child and Adolescent Therapy

If Dr. Matthews agrees to see a minor in therapy, and there is a split custody situation, Dr. Matthews may only legally see the minor with signed consent from both parents, and if there is a court order in place, Dr. Matthews will require a copy. Either parent may revoke this consent at any time by informing Dr. Matthews. Please note that in the Commonwealth of Pennsylvania, a minor aged 14 and older can legally consent to his or her own therapy, so parental consent is not required. If parents are involved; however, it will be necessary for both parents, to the extent possible, to agree on a set of goals. Counseling will be for the child, although either parent may participate in treatment as appropriate. In this role, Dr. Matthews is not in a position to make recommendations regarding custody arrangements, and it would be unethical and possibly illegal for him to do so. There is a formal process known as a custody evaluation, from which these determinations can be made. If this is desired, Dr. Matthews can provide referrals for professionals who practice in this area, or this can be requested through the courts. Although parents will receive communication and general feedback on their child's progress, details of therapy are confidential as they would be for any client. Similar to an adult, a young person needs privacy and trust in order to benefit from the therapeutic process. Should it become apparent that parents are not in agreement with regard to counseling or its goals, or that treatment is not benefitting your child, services will be terminated. An appropriate referral will be made, if applicable. Finally, should a change in custody be sought by either parent of should there be any other legal issue between parents, Dr. Matthews will not provide information for, nor will he participate in court proceedings unless required to do so in a formal court order signed by a judge. Even then, Dr. Matthews cannot offer an opinion regarding custody matters, and therapeutic material is regarded as privileged with respect to the law. If court-ordered to attend, Dr. Matthews will do so, but parents will be responsible for payment of Dr. Matthews' full fee of $160.00 per hour, payable in 4-hour increments, in advance of attendance. This includes time for preparation, travel, and any testimony provided. If fee payment is not received in advance, the court will be notified of this and Dr. Matthews' inability to attend.

Emergencies

In the case of serious, life-threatening emergency, and you live in Chester County, call the Valley Creek Crisis Center (VCCC) at 610-918-2100. Otherwise, call 911 or go to the nearest emergency room. Dr. Matthews operates an outpatient practice and does not provide intensive treatment that can be found in a higher level of care like intensive-outpatient, partial or inpatient hospitalization. Though Dr. Matthews will make every effort to answer calls or reply to messages, Dr. Matthews cannot be responsible for clients' everyday functioning. It is the responsibility of the client to discuss after hours care upon intake in order to ensure an appropriate referral. In addition, if Dr. Matthews believes a higher level of care is necessary, he will provide a referral and will help to facilitate admission to such a program. In the event of an emergency, Dr. Matthews may be called once crisis and emergency procedures have been followed.

My signature below indicates that I have read and understand all of the preceding information. I understand that I may ask Dr. Matthews questions at any time about any of this, should a need arise.

_____	_____
Client Signature	Date
_____	_____
Jesse D. Matthews, Psy.D.	Date
_____	_____
Parent or Guardian (if minor)	Date
_____	_____
Parent or Guardian (if minor)	Date