

Dr. Scott Kemp

Consent to Treatment Form

Counseling and Consulting Associates of North Texas are committed to providing high quality services to our patients and to providing them with all of the information necessary to be informed about the treatment process. As part of our effort in this regard, we are providing the following information about legal and ethical issues. If you agree to these stipulations, please sign the last page of this form. If you have questions, please discuss them with Dr. Kemp before signing the consent.

1. **Confidentiality:** We are committed to confidentiality to the fullest extent allowed by Texas law. There are several exceptions, including but not limited to the following: 1) Any evidence of child abuse (past or present) must be reported. 2) If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself, it is our duty to report such action or intent to authorities. 3) Abuse of the elderly or disabled. 4) Sexual improprieties by a former doctor are a criminal offense and must be reported. (You have certain rights in such reporting which your doctor can explain to you.) 5) Certain court orders/actions such as custody cases, malpractice actions, criminal cases, etc. 5) Collections of fees: If you have questions about this area, please feel free to discuss it with us.
2. **Fees and insurance:** Our standard fee is \$300.00 for the initial intake session of 75-90 minutes. Medication management appointments are \$85.00 for a 30-minute session. Some insurance companies may cover part of this cost. If you have coverage, you are welcome to assign the benefits and pay only your co-pay portion at the time of each visit. If your policy deductible has not been met, you are responsible for paying that amount. **By law we are not allowed to waive deductible or co-payments.**

By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services (to you or your minor child) and agree to pay them when billed or at the time of services. If services are not paid, then you agree to pay a service charge within 30 days notice. After 60 days the account may be assigned to an outside agency, in which case you will be responsible for paying attorney fees and/or collection fees and expenses.

It is important to remember that if you choose to utilize your insurance, we will be obligated to provide them certain information about your case including (but not necessarily limited to) a diagnosis, type and dates of service. By assigning benefits to CCA you are authorizing us to provide your insurance carrier (or their intermediary) whatever information is necessary to process the claim. If you choose to utilize your insurance, it may affect your insurability. If at any time, you have questions about the fees or insurance, please feel free to discuss them with us.

3. **Fees for Medical Records:** There is a \$25 fee each set of paperwork required for the doctor to complete for short term disability, long term disability, or Social Security.
4. **Appointments: If you need to cancel an appointment, 24-hours notice is required. If you miss an appointment without sufficient notification, you will be charged. Missed appointments CANNOT be filed with insurance. Therefore, you are responsible for the entire fee.**
5. **Right to withdraw from treatment:** If a conflict arises for the patient or the doctor, either has the right to withdraw from the treatment process. If the doctor feels the need to withdraw from providing treatment, he/she will so inform the patient and provide appropriate referrals.
6. **Record storage/interruptions in service:** If an unforeseen event occurs which renders your doctor unable to continue to provide service (illness, death, ect.) or if your doctor retires, Counseling and Consulting Associates will provide you with information on obtaining your records should you need a referral. In the event of a sudden illness, etc., a member of our staff will be available to provide services in the interim until your doctor is able to return to work or until a referral is made.
7. **Legal Actions:** If legal actions occur in which your doctor is requested to testify or is subpoenaed to provide testimony (such as in a custody or divorce case) you will be responsible to pay the following fees -- **regardless if the subpoena is sent from the opposing side of the case or if the case never goes to court.** 1) All travel expenses; 2) A fee of \$400 per hour from the time the doctor leaves the office until he returns. 3) A fee of \$400 per hour for the doctor's time preparing for testimony. An initial fee of \$3500 will be required at the onset of the legal action as a deposit for the doctor's services. Any remaining balance will be returned when the case is settled. Record copying fees begin at \$25.00.
8. **Emergency Situations:** In the unlikely event that your doctor in his/her clinical judgment believes you to be dangerous to yourself or to someone else, by signing this consent you authorize him/her to contact either the persons listed as your emergency contacts or someone else to provide assistance through this crisis situation.

9. **Special Needs:** If cultural or language differences negatively impacts the prospects of successful therapy, you may ask for a referral to a doctor of your culture or who speaks your language. Your doctor will assist in such a referral if one can be found.
10. **Risks of Therapy:** Therapy is a Green word for change. You may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the 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 exercising the divorce option.
11. **After Hours:** In an emergency situation, the office phones are answered after hours by an answering service and messages are forwarded to your doctor. Calls are returned as soon as possible. However, in the event that your doctor is unavailable, you may call the Suicide and Crisis Center at any time at 214-828-1000. Non-emergency phone calls will be returned the following business day.

If you have read and understand these aspects of consent, please sign below. Feel free to take a copy of the consent if you wish. If you have questions about any of the information on this form, discuss them with your doctor and wait to sign the form with him/her. Insurance questions may be addressed to the office manager. We are looking forward to working with you.

Signature

Date

ANY PROBLEMS REGARDING ETHICAL QUESTIONS AND/OR CONCERNS MAY BE DIRECTED TO THE FOLLOWING CONSUMER HOTLINE: 1-800-942-5540