

NeuroPsychological Institute, P.A.
Dr. Shawna Freshwater
SpaciousTherapy.com

Informed Consent for Psychological Services Doctor-Patient Service Agreement

This document contains important information about psychological services. Please read it carefully so that we can discuss it. I can address any questions that you might have when we meet. This information applies if I will be seeing you, you with your partner or family member.

Nature of Psychological Services

Psychotherapy is not easily described in general statements. Therapy varies depending upon the interpersonal dynamics of the doctor and the patient/client; the particular problems, challenges, or issues that you are experiencing, and the myriad of therapeutic paradigms or methods that may be utilized to deal with the issue(s) that you hope to address.

Receiving treatment from a qualified doctor and practitioner of both Western and Eastern modalities will start your journey towards symptom relief and liberation from the root causes of these manifestations of suffering. Unfortunately, not seeking treatment could continue to cause pain and suffering and likely get worse if left untreated.

During the course of our collaborative work together, I will use various empirically derived Western and Eastern assessment and psychotherapeutic approaches that will be uniquely tailored for you. I will personalize treatment of your health care into solution based techniques. I am offering you services because I want you to feel better and to have a healthy state of Being. I do not want you to continue to feel pain and suffering. I empathize with you as I do my best to be a compassionate doctor— my life journey is of healing others. We all go through life's challenges. You are not alone.

Our time together is collaborative, investigational, and holistically therapeutic by the implementation of techniques to create balance, alleviate suffering, and heal. It is a journey of conscious awakening, becoming centered, evolving, and transformation into the best you- your Authentic Self. Your session is not like a physician visit. Your sessions require your active participation and effort. It is effort, requires practice, often rewarding, but sometimes not pleasurable. For example, you may revive memories that are painful or experience unpleasant emotions during session. However, the only way out of suffering is going through, and begin to realize that suffering occurs from a place of Mind, that is a circle of conditioned thought activity and emotional reactivity. The circle can be quite destructive to the homeostasis of your physical and psychological well being.

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You are required to work on things that we investigate both during our session together and also on your own — as personal self-empowerment —for your evolvment, transformation, and your alleviation of suffering to be successful.

In general, my approach can be described as “holistic.” A holistic approach essentially means that I will view your presentation from the perspective of your total well-being, that is, emotional, mental/thoughts, physical, and spiritual. We will journey into both Western and Eastern techniques and through integrative dimensions your realizations of your infinite possibilities and your conscious practices will create vibrant health in the interconnected realms of mind, body, emotions, and soul. We will investigate how you view yourself, how you view yourself in relation to other people, in the context of your past, your present circumstances, and your desires for the future.

Sessions will typically focus on thoughts, feelings, physical sensations, perceptions, and descriptions of behavior you express, and entail detailed exploration and clarification of your experiences. Within this approach, I may emphasize the use of certain techniques such as mindfulness (being totally present, aware, without judgement), cognitive (i.e., focusing on the way you think about things and how this might affect your feelings and your impressions of other people), interpersonal (i.e., focusing on your relationships with others), or specific problem-solving (i.e., generating alternatives for action on a specific issue) and et cetera.

Emotional support, suggestions, educational comments, specific communication skill development, reflection on your spiritual life, and understanding your dreams may also be a part of what we do together. In addition, exploration of your feelings about your relationship to me may become an important part of your coming to understand yourself and other people who are important to you, and to resolve your difficulties.

As a result of our collaborative work together, it is expected that you will become better at making choices in your life, decrease distress, cope with various stressors, manage your life more adaptively, provide you with a greater sense of security, and assist in your emotional, intra-personal and inter-personal growth. You are responsible for following treatment recommendations, completing therapeutic assignments, and communicating about your treatment progress. If you have questions about my approaches or my skill in using them, please ask me and I will address them as fully as possible.

Psychological Benefits

Psychotherapy has been empirically validated to have many benefits and in most cases significantly greater clinical benefit than any medication. For example, psychotherapy often leads to better relationships, solutions to specific problems or issues, significant reductions in feelings of distress, and overall resulting in healthier physical and psychological well-being. However, there is no guarantee of what you may experience. The majority of individuals who obtain therapy benefit from the process and practice.

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Benefits may include relief of specific emotional symptoms (e.g., anxiety, depression, and fears), physical symptoms (e.g. headaches, GI problems) improved relationships, greater self-confidence, easier decision-making, and improvement in the specific concerns that led you to seek therapy. Success may vary depending on the particular problems being addressed as well as your consistency, motivation, and dedication to improving yourself. I emphasize again that your journey of transformation and healing involves active participation, self-exploration, gaining new insights about yourself and others, finding ways of dealing with problems, learning new skills, and diligent practice.

Sessions: Typically the length of therapy is determined by our collaborative discussion and agreement as we work together. We can agree on a predetermined number of sessions or length of time at the outset. The length of treatment needed usually depends upon the extent and severity of your specific issues, practical considerations that may impact your ability to commit time and financial resources, any preferences that you may have, and my professional recommendation.

Psychological Risks

Psychotherapy has risk and reward. Psychotherapy often involves discussing and exploring unpleasant aspects of your life. You may experience uncomfortable emotions like sadness, guilt, frustration, helplessness, or anger. Although empirically validated research and clinical experience indicates that treatment is beneficial, you may have unwanted experiences such as disruptions in your interpersonal relationships, negative experiences in your immediate work life, unhappiness, anxiety, fear, anger, guilt, frustration, or insomnia. These are often a natural part of the therapy process and typically provide the basis for change, transformation, and healing. Important personal decisions are often a result of therapy. These decisions, including changing behavior, exploring employment options, substance use patterns, schooling, or relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. There are no guarantees that therapy will produce positive or intended effects because ultimately your consistent commitment to the therapeutic process is crucial. Commitment to the process and motivation toward positive change will most likely assist in a helpful outcome. Changes are sometimes made easily and quickly, but sometimes change is a slow and frustrating process.

Referrals

If you could benefit from any interventions that I do not provide, I would appreciate assisting you in obtaining those services. Although discussion of any physical problems that you might have may become a focus, and your physical self-care may improve as a result of our work together, I do not specifically treat physical illnesses through a Western medical model such as prescribing medication and it is your responsibility to have these assessed by your physician. I focus on “Total Well-Being” holistic Western and Eastern techniques/therapies, that include clearing out psychological, mental, & emotional toxins that are weighing you down and wearing you out. **Page 3 of 6 Please Initial _____**

If at any point during therapy, I decide that I am not being effective in helping you make progress toward your therapeutic goals, then, I will discuss it with you, and, if necessary, end therapy. Also, you may end therapy at any time, although I prefer that we discuss your intentions in a session or two before we end. In either case, if you request, I will give you appropriate referrals. If you request of me and authorize in writing, I can talk with the doctor / therapist of your choice to ease the transition to that professional.

On very rare occasions, a conflict of interest may develop regarding a business or personal matter that would require me to end the therapy. The exact reasons for such termination may not necessarily be explained to you so that all parties involved can remain protected.

Within the first few meetings, I will assess whether I can be of help to you. Psychological diagnostic evaluation (personality & emotional) in the form of objective scientific valid testing can also help us understand why certain behaviors occur and I may recommend it.

Initial impressions about treatment plans, suggested procedures, and goals will be discussed collaboratively by us. In the beginning of our work together, and periodically along the way, we will discuss your goals and revise them as needed, and discuss how long therapy will be expected to last to meet your goals. Your own feelings about whether you are comfortable working with me is an important part of the process. Feel free to discuss these issues with me at any time. If you have questions about the services being provided at any time, you may ask me for clarification.

Contacting Dr. Freshwater

I am often not immediately available. Please call during normal business hours. Your call will be returned as soon as possible.

If you are ever experiencing a life-threatening or harm-producing emergency please call “911” or go to your nearest emergency room.

Dr. Freshwater generally does not communicate via text with patients. Occasionally, scheduling issues or basic procedural issues may be discussed over text if that is the preferred method by the patient and the limits of confidentiality are understood. Email is also acceptable to discuss scheduling or to transfer documents when mutually agreed upon, however patient communication regarding clinical issues or concerns via email (or texting) should be avoided as the delivery of any electronic communication can be intercepted, misdirected, or delayed.

Discharged from care

Psychotherapy is best ended with a process of termination and a scheduled final appointment. This will allow you to review therapeutic gains achieved during treatment; develop a plan of

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action to maintain those gains; identify what other services or activities may still be needed; and to process any emotions that may exist regarding the ending of the therapeutic relationship. If you decide to end therapy without engaging in the process of termination by not scheduling appointments or by not returning at least two telephone calls, it will be assumed that you are no longer a patient of Dr. Shawna Freshwater and you are, therefore, discharged from her care.

Fee Schedule for Professional Services / Rates

You and Dr. Shawna Freshwater have discussed and agreed upon the following Fees/ Rates:

75 - minute Initial Assessment BioPsychoSocial	\$300.00
45- minute Psychotherapy Session	\$200.00

* \$200 for scheduled 45-minute psychotherapy session. Add on time is in 15-minute increment blocks at \$50.00 per increment.

* \$300 for scheduled Clinical Intake / BioPsychoSocial Assessment 75- minutes. Add on time is in 15-minute increment blocks at \$50.00 per increment.

* \$50.00 for established patients Mental Health "Check-In" 15-minutes.

* \$100.00 for established patients Mental Health "Check-In" 25-minutes

Ongoing psychotherapy typically occurs weekly or more often depending upon your needs. A Psychotherapy session is for 50-minutes. We will coordinate a session on a time and day agreed upon. Once the appointment is scheduled, you will be expected to pay for it unless you provide at least 48- hours advanced notice during normal business hours. Note: if you have have a therapy session scheduled on a Monday, then you will need to cancel the Friday prior.

Billing and Payments

You will be expected to pay-in-full for each session immediately prior to or immediately after the session. You are responsible to make Payment for all professional services. In circumstances of unusual extreme financial hardship, Dr. Freshwater may be willing to negotiate a fee adjustment for a limited time basis. If your account has not been paid for more than 30-days and arrangements for payment have not been agreed upon, NeuroPsychological Institute, P.A. and Dr. Freshwater 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, the professional time rendered by Dr. Freshwater and legal costs will be included in the claim. In most collection situations, the only information we release regarding a patient's' treatment is his/her name, the nature and dates of services provided, and the amount due. **Page 5 of 6 Please Initial _____**

Other Professional Fees

\$200.00 per hour: Other Psychological services include: telephone conversations, texts, emails, consulting with other professionals, preparation of records, documentation, treatment summaries, discharge summaries, or time spent performing any other service that you request, or service deemed clinically necessary for your care, or required by Federal or State law. 15-minute increments are calculated at \$50.00 per increment add-on.

\$250.00 per hour: Diagnostic tests, such as personality or emotional testing (psychological testing), test administration, scoring of test data, interpretation of test data, report writing, and feed back of results. \$250.00 per hour: 15-minute increments are calculated at \$75.00. per increment add-on.

Disputes or Chargebacks of any kind, form or method:

If Dr. Shawna Freshwater an employee of NeuroPsychological Institute, P.A. or SpaciousTherapy.com become involved in Disputes, Chargebacks, or any dispute or Legal proceedings all time involved and rendered is at \$450.00 per hour. You and/or the Payor will be responsible for these charges.

Forensic/Legal Proceedings of any type or form.

If you become involved in legal proceedings you will be expected to pay for all professional time, including preparation time and transportation time & costs, even if Dr. Shawna Freshwater is called to testify for another party. Fee schedule for legal proceedings and forensic work is 450.00 per hour for any or all preparation (including travel time), and \$600.00 for deposition and \$600.00 for trial time, including wait time with a minimum of 3-hours.

Acknowledgment of Informed Consent

In signing below you are acknowledging that you reviewed all of the information in this document, you have had ample opportunity to discuss it with Dr. Shawna Freshwater, and you have had your questions answered to your satisfaction. In so doing, you are making an informed decision about engaging Dr. Shawna Freshwater for services. Your signature(s) indicates that you voluntarily consent to participate in the evaluation and/or psychotherapy. Your signature(s) does not mean that you have waived any rights.

Shawna M. Freshwater, Ph.D.
employee of Neuropsychological Institute P.A. / SpaciousTherapy.com

Print Name of Patient / Date

Signature of Patient/ Date

