



Fetherson & Knight Psychological Services, LLC

Consent for Treatment

Services

Fetherson & Knight Psychological Services, LLC is committed to and invested in service delivery of best clinical practices. We provide individual, couples, family, & group evidenced based psychotherapy services to adults (18+) with a wide array of emotional and behavioral presenting concerns in a safe and supportive environment. Most importantly, Fetherson & Knight Psychological Services, LLC emphasizes the significance of providing multiculturally responsive services that entails unconditional positive regard and placing the problems and concerns of clients in a cultural context. In addition to psychotherapy, Fetherson & Knight Psychological Services, LLC offers EAP as well as consultation to assist organizations and communities in becoming more efficient and effective. ***Please note our practice does NOT provide treatment for urgent or emergency psychiatric care.**

Treatment Policies

As a rule, Fetherson & Knight Psychological Services, LLC do not take on new clients who are just in need of documentation for situations such as:

- Court Cases of any kind (e.g., an open court case, probation, lawsuits, etc.)
- Assessment (e.g., Fitness for Service, Medical Procedures, Study Abroad, comfort or therapy pet, etc)
- Academic reasons (e.g., seeking an Incomplete in a course, fitness to return to school or work, completing therapy as a course requirement)
- A new or pending short/long-term disability case
- Any other situation in which a third party needs documentation from a therapist on behalf of a client



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We understand, however, that these situations may arise during the period in which a current client is seeking treatment or after treatment has been terminated. In such cases the following fees will apply:

- Preparing letters for third parties: \$75 per letter
- Completing forms for third parties (excluding 3 question Security Clearance Forms): \$75
- Printing and mailing or faxing a client's complete treatment record to a third party: \$50

Our Rates

The rates at Fetherson & Knight Psychological Services are consistent with the costs of medical expenses in our local area outlined by the <https://www.fairhealthconsumer.org>.

Initial Intake/Assessment Diagnostic Interview: **\$225**

Individual Psychotherapy (45-50 min) Session: **\$150**

Individual Psychotherapy (53-60 min) Session: **\$180**

Group Therapy ranges from **\$40** to **\$60** per group session.

Family/Couples Psychotherapy **\$200**

Sliding scale available with pre-licensed therapists. During your initial consultation you can discuss with your therapist what might work best for your budget. *Rates and fees are subject to change.

We accept payment in the form of checks, money orders, or credit cards and have morning, midday, evening, and weekend appointments available. *Cancellations with less than 24 hours' notice or not showing for an appointment will incur a charge of \$75 due prior to the next scheduled appointment.



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Fetherson & Knight Psychological Services, LLC participates in a variety of insurance plans: Please Consider the Fact that

1. **We had no role in deciding what your insurance covers.** Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth.
2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. ***If you ask us to bill a third party or an insurance company, and we do not receive payment, we will then expect this payment from you.*** If there is any problem with charges, billing, your insurance, or any other money-related point, please bring it to your therapist's attention. We will do the same with you. You may also contact our Chief Operating Officer/Co-owner Dr. Donald E. Knight at inquiries@fkpsychservices.com.

Limits of Services and Assumption of Risks

Treatment carry both benefits and risks and considering both the benefits and risks when making any treatment decisions is highly recommended. Psychotherapy can significantly reduce the amount of distress an individual is feeling, improve relationships, and/or resolve other specific issues. In psychotherapy, people have a chance to talk things out fully in a safe therapeutic environment and therefore their personal goals and values may become clearer. However, these improvements and any “expected cure” cannot be guaranteed for any condition due to the many variables that affect treatment. Furthermore, experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered the risks associated with treatment. Moreover, clients’ presenting concerns may even worsen in the initial phase of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. It must be noted, Fetherson & Knight Psychological Services, LLC do not take on clients we do not think we can help. Therefore, your therapist will enter your relationship with optimism about your progress.



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If for some reason treatment is not going well, your therapist might suggest you see another therapist or another professional for an evaluation. As a responsible agency and ethical therapists, we cannot continue to treat you if the treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, your therapist will help you find a qualified person and will provide him or her with the information needed.

What to Expect of Your Relationship with Your Therapist

In your best interests, professional organizations put limits on the relationship between a therapist and a client, and your therapist will abide by these. Below is an explanation of these limits, so you will not think they are personal responses to you. Your therapist can only be your therapist and cannot have any other role in your life. A therapist cannot, now or ever, be a close friend to or socialize with any of his/her clients. A therapist cannot be a therapist to someone who is already a friend. A therapist can never have a sexual or romantic relationship with any client during, or after, the course of therapy. A therapist cannot have a business relationship with any client, other than the therapy relationship. Even though you might invite your therapist, he/she will not attend your family gatherings, such as parties or weddings.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that your therapist will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your therapist's statements will be seen as biased in your favor because of the therapy relationship; and (2) the testimony might affect your relationship with your therapist, and we must put this relationship first.

If You Need to Contact Your Therapist

Your therapist will likely not be available at all times. Your therapist does not take phone calls when he/she is with a client. You may contact your therapist via email for scheduling questions and arrangements only. You can always leave a message on the office voicemail and your therapist will return your call within 48 hours. If you have an emergency or crisis, or a behavioral or emotional crisis and cannot reach your therapist immediately by telephone, you or

your family members should call 911 or go to the nearest Hospital emergency room. If you are having thoughts of suicide, please call the 24/7 Suicide Hotline at 1-800-273-8255

Statement of Principles and Complaint Procedures

It is our intention as an agency and as individual therapists to fully abide by all the rules of the professional organizations (e.g., American Psychological Association, American Counseling Association, and/or National Association of Social Workers) and by those of the State of Maryland professional licensing boards. Problems can arise in the therapeutic relationship, just as in any other relationship. If you are not satisfied with any area of your work with your therapist, please raise your concerns with him/her at once. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that any therapist has treated you unfairly or has even broken a professional rule, please contact the Clinical Director/Co-owner of Fetherson & Knight Psychological Services, LLC: Dr. Bianca Fetherson at 240-929-4387. You can also contact the state or local professional associations and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint.

Fetherson & Knight Psychological Services, LLC and its therapists do not discriminate against clients because of any of these factors: age, sex, gender identity or expression, marital/family status, race/ethnicity, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. Each therapist in our organization is personally committed to this, and is also required by federal, state, and local laws and regulations. We as an organization and as individual therapists will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to your therapist's attention, or to the attention of Clinical Director/Co-owner of Fetherson & Knight Psychological Services, LLC: Dr. Bianca Fetherson at 240-929-4387.



Fetherson & Knight Psychological Services, LLC

Privacy and Confidentiality

Confidentiality- Limitations

In general, the information that you share in therapy is kept confidential. This means that no one has access to your identifying information and what you share in therapy. There are, however, a few exceptions to this as outlined in the State of Maryland Laws for Psychologists, Social Workers, and Professional Counselors:

- 1. If you are at risk of harming yourself.** If you seriously threaten to harm yourself or act in a way that demonstrates that you are likely to harm yourself, your therapist may contact a hospital and arrange for you to have a psychiatric evaluation. If your therapist believes that this is necessary it will be discussed with you first, unless your therapist believes that there is a very good reason not to.
- 2. If you are at risk of harming another person.** If you seriously threaten to harm another person or act in a way that demonstrates that you are likely to harm someone, your therapist is required to try to protect that person. The police and/or that person may be contacted to inform them of the risk. This may also involve contacting a hospital to arrange for you to have a psychiatric evaluation.
- 3. In an emergency situation.** In an emergency where your life or health is in danger, you are unable to give consent, another professional may be given some information to protect your life. Every effort will be made to get your permission first, and further discussion of the incident will occur with you as soon as possible afterwards.
- 4. Suspected Abuse.** If it is believed or suspected that you are abusing a child, an elderly person, or a disabled person, your therapist must file a report with a state agency. "Abuse" means to neglect, hurt, or sexually molest another person.

*In any of these situations, only the information that is needed to protect you or the other person will be given.

Confidentiality- Insurance

If you use your health insurance or another organization (government, public, or private) to pay for your sessions, we provide that party with the following information about your treatment in order to collect payment:

- The dates of service
- Your diagnosis
- The performed procedure (Therapy Intake- 90791, Regular Session- 90834/90837, Group Therapy- 90853)
- Payment information (what you paid for the sessions and what we charge)

*This information is collectively called your “Protected Health Information” (PHI). At times the insurance company may ask for additional information about you or your care. If this happens, you will be notified that additional information has been requested prior to our office releasing the additional information.

Confidentiality- General

A few additional points regarding confidentiality:

1. The administrative staff of Fetherson & Knight Psychological Services, LLC maintains client records and completes billing and thus has access to your PHI. All staff (including therapists) complete HIPAA training and are bound by all laws regarding confidentiality and privacy of PHI.
2. If you would like your therapist to share information about your treatment with a third party outside of Fetherson & Knight Psychological Services, LLC (this does not include the above Limits to Confidentiality or Insurance), you will be asked to sign a Release of Information. You and your therapist will discuss and agree on what you would and would not like to be shared.
3. Your therapist regularly consults (talks) with other professionals about treatment of clients. Any professionals involved in the consultation are also required by professional laws and ethics to keep your information confidential. In these meetings any personally identifying information about you that would readily identify you to another person is concealed. Additionally, if your therapist is out of town or otherwise unavailable, and you are in need of emergency services, another therapist at Fetherson & Knight will be available to help you. Your therapist will provide the covering therapist with treatment information about you.
4. Your therapist is required by law to keep records of your treatment in the form of progress notes for each session you have- this is also a part of your PHI. You have a right to review these records with your therapist. If something in the record might seriously upset you, your therapist will discuss it with you prior to the review of the record.



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Statement of Agreement and Understanding

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read the policies of Fetherson & Knight Psychological Services, LLC; it does not indicate that I am waiving any of my rights. I have discussed any points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered and policies outlined. I understand that any of the points and policies mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects outlined, I can talk with my therapist or a Fetherson & Knight Psychological Services, LLC administrative staff member about them.

I consent to the release of my PHI as outlined in the policies above.

I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I understand that no specific promises have been made to me by this therapist or Fetherson & Knight Psychological Services, LLC about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Signature of Client & Date

Printed name

I, the therapist, have met with this client for a suitable period of time, and have informed them of the policies and points outlined. I have responded to all of their questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of Therapist & Date

Fetherson & Knight Psychological Services, LLC truly appreciate the chance you have given us to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with our services as we proceed, we would appreciate your referring to us other people who might also be able to make use of our services.