ADAM J. PLETTER, PSY.D.
Child, Adolescent, and Young Adult Psychotherapy
Psychological Consultation

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INFORMED CONSENT FORM

Hello and welcome to my practice. This form is designed to provide information about the psychotherapy process, issues around confidentiality and billing, and your rights and responsibilities. Please take the time to read this information carefully, ask any questions you may have, and sign the last page. You may download a copy for yourself as well or I am happy to provide you with a copy at our first meeting.

I am a licensed clinical psychologist. I utilize a predominantly cognitive behavioral approach to treatment but may use other strategies if deemed appropriate. I understand and respect that psychotherapy involves a large commitment of time, money, and energy and, as such, you must feel comfortable with me as your provider. Psychotherapy is a highly collaborative process requiring consistent effort, and much of the work often occurs between sessions. As with any powerful treatment, there are benefits and risks associated with psychotherapy. Some possible benefits may include improved interpersonal behavior and relationships, diminished stress, and greater professional or academic success. Risks may include, among others, temporary increases in feelings such as sadness, anger, and anxiety or the recalling of unpleasant aspects of your history. I only accept patients that I believe I can help. If at any point you feel dissatisfied with my clinical approach or its results, please discuss this directly with me so that changes, if appropriate, can be made to meet your needs. If necessary, I can refer you to another mental health professional for consultation and/or treatment.

Office Hours: Psychotherapy sessions are scheduled by appointment only and typically on a weekly basis. I am in the office Monday through Friday. In the case of a child or adolescent patient, parent meetings are part of the plan and held at a frequency appropriate to the situation.

Telehealth: In addition to face-to-face meetings, when appropriate, I also provide telehealth services. Please understand that if you choose to utilize telehealth I will make every effort to protect your privacy, but I can not guarantee it. I utilize a HIPPA-compliant platform called Doxy. This platform does not require you to download anything to your device. You will receive a link to my virtual waiting room from which I will admit you at your scheduled appointment time. Despite the use of this platform, transmissions over the internet can not be guaranteed as secure and may be unlawfully intercepted by third parties. Additionally, there are risks to telehealth including but not limited to the transmission of sessions being disrupted or distorted by technical failures.

Phone Contact and Emergencies: If you need to reach me between regularly scheduled appointments, please leave a voice message at (301) 530-0077. My confidential voicemail is my primary form of communication and I check for messages regularly each day. Private written information can also be faxed to me at (301) 530-5323. Routine phone calls are generally returned within 24 business hours.

I do not provide emergency services, and patients understand that calls after hours are often not returned until the following business day. If you have an urgent matter and would like a call back after hours, please state so clearly in your message and I will do my best to return your call as soon as possible. In case of an emergency do not wait for a return call instead, please go directly to the nearest emergency room or dial 911.

Electronic Communication: Please be aware that I rarely use email (beyond the welcome email) and do not use any text messaging services. While I am willing to communicate via email, I do not have an encrypted email account. As such there is minimal security/ confidentiality around email exchanges so I generally prefer voicemail. Additionally, I will not receive emails as quickly. If the information is time sensitive please leave it on a voicemail as these will be received sooner. Please be aware that I do not provide therapy via email, but utilize it as a tool for more convenient information sharing as appropriate.

Professional Fees: Payment is due at the time of your initial visit, and this fee is $400 for the 60-minute intake consultation. *The standard fees for future visits are $250 for the typical 45-minute session, $275 for a 60-minute session, and $200 for a 30-minute session.* Telephone consultations over 10-minutes in length may be billed at a prorated fee at my discretion. If legal matters require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $600 per hour for preparation, travel, and attendance at any legal proceeding. Please note that fees are subject to change.

The preferred payment method is Zelle, which facilitates a direct electronic funds transfer between banks, similar to paying with a credit card online; please go to zellepay.com to learn more about how Zelle works with your bank. My registered contact is a special email address: *drpletter.zelle@gmail.com*. Please note that this email address is not for any communication and is set up solely for this payment option.

Session Information and Cancellation Policy: An appointment time is a commitment to the therapeutic process and is a contract between the patient and therapist. Both the patient and therapist agree to be here on time. If you are late, we will likely be unable to meet for the full scheduled time, as there are typically appointments scheduled after yours. If you must cancel an appointment, I require 24 hours notice or you will be billed the full amount. Please note that insurance companies may not cover this charge.

I do not participate directly with any insurance provider. A statement will be given to you at the end of each month for all services provided during that month. Payment is due on receipt of this statement and no later than the 7th day of the next month. Failure to adhere to this system may result in payment being due at the time of each appointment or, if necessary, in discontinuing non-emergency services until any outstanding balance is paid.

Confidentiality: Generally speaking, information shared by a patient during psychotherapy is confidential and will not be disclosed without both verbal and written consent, unless required by law, or as noted below. While I do participate in peer consultation and review, any clinical discussion is conducted with a full effort to maintain confidentiality and anonymity. During planned absences or emergencies that may keep me away from the office, I may request coverage from another therapist, and that colleague may be given your name, if necessary, in order to make it easier for you to contact them in an emergency. Other exceptions to confidentiality, as specified either by my profession's

ethical standards or by state law, include when I believe that you or your child intends to harm themself or another person and/or when I believe that a child, elderly person or disabled individual is or has been subject to abuse or neglect. In some other rare and special circumstances, confidentiality may be compromised. If any such situation arises, I must notify the appropriate authorities or individuals in order to protect anyone at risk but will also make every effort to discuss the situation fully with you prior to taking any action. Finally, insurance companies sometimes require information regarding your symptoms, diagnoses, and treatment plan; any such information will only be provided with your consent.

Social Media: Please note that I do not accept friend or contact requests from current or former patients on any social networking site (e.g., Facebook, LinkedIn, etc.). I believe that taking these actions could compromise your confidentiality and our respective privacy as well as blur the boundaries of our therapeutic relationship. If you have questions about this policy, feel free to bring it up when we meet so we can discuss it further.

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I look forward to providing you with a positive and rewarding therapy experience. Please feel free to ask any questions that you have concerning all the information provided above. By signing below, you are indicating that you both read and understand all practice policies and agree to all conditions stated within this document.

Even though there are other names of mental health professionals on the door and on other materials in this office, please be advised that I am engaged in independent practice and am *not* in any professional partnership or corporation with other persons who also do business at 6312 Democracy Boulevard.

IN CONSIDERATION OF SERVICES RENDERED AND TO BE RENDERED, I GUARANTEE PAYMENT FOR ALL CHARGES INCURRED.

Patient's Name/Signature_____Date_____

Parent's Signature_____Date_____
(if patient is a minor)

Parent's Signature_____Date_____
(if patient is a minor)