



3201 East University Drive, Suite 200, Bryan, Texas 77802

PRACTICE POLICIES AND INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES
(Updated 9/3/2017)

Thank you for taking an interest in my practice. This document has been prepared to provide you with important information regarding my services, practice, and business policies. Please read this document carefully and keep a copy for your records. Prior to beginning services, we will review this document and I will ask you to sign a form indicating that you have read and understand the information and consent to receive psychological services from me to include treatment and/or assessment.

MY QUALIFICATIONS

I am a Licensed Psychologist in the State of Texas. I completed my undergraduate degree in Psychology at the University of Buffalo, the State University of New York. I received my doctorate in Clinical Psychology from Sam Houston State University in Huntsville, Texas. My predoctoral internship was in Adult and Child Psychology at Baylor College of Medicine, the Menninger Department of Psychiatry and Behavioral Sciences in Houston, Texas. My postdoctoral work was completed at Scott & White Clinic in College Station, Texas. I have had a variety of experiences in the treatment and assessment of children, adolescents, and adults with behavioral and mental health issues. I have specialized training in forensic evaluation.

OVERVIEW OF SERVICES OFFERED

Psychotherapy: Psychotherapy is the treatment of behavioral, emotional, personality, and psychiatric disorders that is based on verbal and non-verbal communication and interventions rather than on the use of chemicals. There are many forms of psychotherapy, and as a Licensed Psychologist, I have been trained in a wide array. I will use this broad training to our advantage. One thing that each form holds in common is the active participation of the client in their own treatment. Thus, in order for the therapy to be most successful, you will oftentimes need to work on things at home that we discuss in session.

I strongly believe that there is no “one size fits all approach” to psychotherapy. My ultimate goal is to help my client resolve the specific issues that brought them to therapy. The specific approach to treatment will be outlined on your treatment plan and we will review this prior to and during our sessions together (revising the plan as you make progress). Psychologists are not medical doctors and **do not** prescribe medication. There are times, however, when a particular concern may call for a medication consultation with your primary care Physician or a Psychiatrist.

Psychotherapy has risks and benefits. The process often involves discussing unpleasant aspects of your life. As such, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy, however, has many benefits such as reducing destructive and distressing emotions, improving relationships, and discovering solutions to problems. But there are no guarantees of what you will experience. If at any time you have questions about the process, my services, or if you are dissatisfied in any way, please let me know.

Psychotherapy or Psychological Assessment with Children and Adolescents of Divorced or

Separated Parents: Prior to meeting with any child, I require a meeting with both parents/all guardians of the child. In cases of divorce, I require a copy of the divorce and custody agreement. In the event of divorce, it is my policy that you provide me with a copy of the part of your divorce decree which pertains to custody of the minor child, and right to consent for medical/psychological services before I can provide services. If such documentation is not available, I will need the consent of both parents to proceed in providing services to a minor. Consent from both parents is also required in cases of joint conservatorship. Finally, it is important to understand that I am not a custody evaluator and will not speak to this issue in a court of law.

Forensic Services: I have specialized training in Forensic Psychology. This training permits me to conduct a wide variety of adult and juvenile court-ordered or attorney sought evaluations such as: competency/fitness to proceed, mental status (sanity)/responsibility, mitigation, violence risk, sex-offender risk, juvenile waiver, and general mental health and personality functioning. I also conduct psychological damage evaluations involved in civil cases. I also provide expert witness testimony and consultation concerning the following issues: domestic violence, Psychopathy and Antisocial Personality disorder, Dangerousness, Trauma, Adolescent Development, Borderline Personality Disorder, and Sexual Offending.

In addition to evaluation services, I am also able to provide court-ordered treatment. *It should be noted, however, that I am unable to provide sexual problem behavior treatment, as I do not currently have the specialized licensed to do so.* If you are seeking forensic services, please contact me for additional information. Please note that the fees associated with these services and rules regarding confidentiality are different than those associated with general psychotherapy and assessment services.

Psychological Assessment: The goal of psychological assessment is to answer questions regarding intellectual, academic, social and/or emotional functioning. Obtaining answers to these questions generally involves standardized testing, clinical interviewing, completing questionnaires, observing behavior, and reviewing previous treatment and assessment records (when available). Results of a psychological assessment are provided in a feedback session. This feedback will include a discussion of the results and communication of my recommendations for intervention and when necessary, referrals for additional services.

Just like psychotherapy, psychological assessment has its risks and benefits. During the assessment process, it is possible to feel discomfort and anxiety about the testing. The benefits of completing a psychological assessment include obtaining detailed information regarding strengths and weaknesses in the areas assessed (e.g., intellect, academic functioning, emotional and behavioral functioning).

Workshops: I conduct workshops on a variety of subjects. Workshops differ from group psychotherapy. Whereas group therapy is based on sharing thoughts and feelings and processing these with other members of the group, workshops present useful skills in a lecture type format with no defined therapy goals. Workshop titles include: Dialectical Behavior Therapy Skills Training, Parenting Solutions, Anger Management, Interpersonal Effectiveness/Communication Skills, Working with LGBTQ Populations, Starting Your Own Private Practice, Criminal and Civil Forensic Evaluation and Report Writing, and Violence Risk Assessment. Please contact me to discuss your needs.

Private Practice Business Consultation: I provided consultation services to early and mid-career mental health practitioners looking to begin their own private practices. Please contact me for pricing and availability.

Clinical Supervision: Something that I am passionate about is the training of future graduate students and since leaving academia to pursue my clinical and forensic work, I have offered clinical supervision to graduate and early career counselors and psychologists. Please contact me for pricing and availability.

OUR PROFESSIONAL RELATIONSHIP

As a professional, I will use my knowledge and skills to help you as best I can. This includes the standards of the American Psychological Association (APA) and the Texas State Board of Examiners. In your best interests, these entities put limits on the relationship between psychologist and patient, and I will abide by these boundaries. I explain these limits in greater detail here so that you do not feel that they are personal responses to you.

First, I am licensed to practice clinical psychology, not law, medicine, financial planning, or any other profession. Thus, I am not able to give you appropriate and qualified advice from these other professional viewpoints. Second, State law and the rules of the APA require me to keep what you tell me confidential (private). You can trust me not to tell anyone what you tell me, except in limited situations (described below in the *Confidentiality* section). I make every effort to avoid outing you as one of my patients. Thus, if we meet in the mall, on the street, or in another social setting, I will not approach you or initiate contact unless you initiate contact first. Moreover, even if you initiate contact, I may limit any contact initiated by you. My behavior is not intended to be a personal reaction to you; rather, my behavior is intended to protect your confidentiality.

CONFIDENTIALITY

For the adult client (age 18 and older), the information that is provided during therapy or assessment services is confidential (unless it is a forensic evaluation). This means that I cannot discuss you or anything identifiable about your situation with anyone other than to those persons authorized by you or if needed to collect for non-payment of fees. I will also need to share protected health information with my administrative staff for purposes of scheduling, handling payments, and processing insurance claims. All staff members have been given training about protecting your privacy and will have agreed not to release any information outside of the practice without my explicit direction. Finally, each month my colleagues and I engage in case consultation. There may be an occasion in which I request to present your case to this consultation group. If I do discuss your case, I will be sure exclude information that would identify you specifically. The purpose of this consultation is to provide you with the best care possible.

Importantly, there are several exceptions to confidentiality mandated by Texas State law:

1. If I have cause to believe a child, disabled person, or an elderly person has been or will be abused (sexually, physically, *or* emotionally) and/or neglected, I am legally required to report this to the authorities.
2. If you make a serious threat of self-harm or harm towards others, the law allows me to try to protect you or the person you intend to harm. This usually means telling others about the threat and helping you seek appropriate help.
3. If you inform me that another mental health professional has been sexually inappropriate with you, I am required to notify the Texas state board.
4. If I am subpoenaed to appear in court and provide testimony regarding my knowledge and experience of you, I shall assert privilege on your behalf. Nevertheless, if I am court ordered to testify, I shall testify truthfully and honestly to whatever I think or believe about you.

5. If you file suit against me for any reason.
6. If third party payers (i.e., insurance companies) or those involved in collecting fees for services require additional information.

Confidentiality and the Adolescent Client: If the client is a child (age 17 and younger), the parent(s) or legal guardian(s) have complete access to the record and hold the privilege of confidentiality. However, it is my policy that, except for the situations such as those mentioned above (exceptions to confidentiality), I will not tell parents or guardians specific things that adolescents share with me in our private therapy sessions. This includes activities and behavior that the parent or guardian would not approve of – or would be upset by – but that do not put the youth at risk of serious and immediate harm. If, however, the adolescent’s risk-taking behavior becomes more serious, then I will use my professional judgment to decide when they are in serious and immediate danger of being harmed. Here are some examples:

Example: If an adolescent tells me that he/she has tried alcohol at a few parties, I would keep this information confidential. If the adolescent tells me that he/she is drinking and driving or that he/she has been a passenger in a car with a driver who is drunk, I would not keep this information confidential from the parent/guardian. If the adolescent tells me, or if I believe based on the information told to me, that he/she is addicted to alcohol, I would not keep this information confidential.

Example: If an adolescent tells me that he/she is having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If, however, he/she tells me that on several occasions, he/she has engaged in unprotected sex with people he/she does not know or in unsafe situations, I will not keep this information confidential.

Important: Even if I have agreed with an adolescent to keep information confidential, I may believe that it is important for parents/guardians to know what is going on with the adolescent. In these situations, I will encourage the youth to tell his/her parents with my guidance and support. Further, when meeting with parents/guardians, I may sometimes describe the youth’s problems in general terms, without using specifics, in order to help parents/guardians know how to be more helpful to the youth.

RECORDS

I keep records of payment and of services rendered, treatment plans, and progress notes. Your record may also contain the results of any assessment of you I complete. Importantly, test questions and other testing stimuli are not part of your record. All records (including billing) except testing materials are maintained on a practice management system called Therasoft. If another professional or anyone else needs to see your records, I will discuss it with you in advance of disclosure. If you agree to share your private information, you will need to sign an **Authorization to Release Information** form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits.

State law also requires me to keep your records and test data for a minimum of seven years after termination of services with the client or subject of evaluation, or three years after a client or subject of evaluation reaches the age of majority, whichever is greater. Until then, your records will be maintained on Therasoft. If I must discontinue our relationship because of illness, disability, or premature death, I will ask you to agree to my transferring your records to another appropriate clinician or professional organization who will assure confidentiality, preservation, and appropriate access.

Under Texas State law, a child's parents/legal guardians have the right to examine and have a copy of the child's records (unless the child is emancipated). It is extremely rare, however, that a parent/guardian would ever request access to these records. In general, you may review your records at any time. Importantly, there are some limitations regarding raw testing data, but for the most part, you have access to your information. You may add to this information or correct this information, and you may have copies of the records. I reserve the right to refuse to alter the records in any way. I reserve the right to charge a nominal fee for making copies of your records (i.e., .40 cents per page) if you request them in paper form.

APPOINTMENTS

I see clients by appointment only. Prior to your first appointment, I or my administrative staff will discuss the registration process with you. You will need to register at least 72 hours prior to your initial visit. This initial visit is an *intake session*. Intake sessions typically last one hour. If you are seeking services for your child who is younger than 16, this initial session will be with you and your spouse or significant other (if applicable) only. I will meet with the child on a separate occasion. During the initial visit, we will explore the reasons bringing you in for services and determine how your needs can best be addressed. I will also conduct a clinical interview and gather historical information. In some cases, it may take an additional session or two to accurately assess your needs and make appropriate recommendations for treatment.

Each psychotherapy session after the initial intake will be 45-53 minutes in length. The remainder of the hour is used to chart notes, complete paperwork, make calls, etc. If you are participating in a psychological assessment of some kind, session length will vary – this will be discussed further during the planning phase of the assessment.

If the client is a child or adolescent, a responsible parent or adult must be present for the entire session. Please try to make other arrangements for siblings of minor clients. Parents are often a part of sessions and it is more beneficial if parents' attention is not divided. This office does not assume any liability for unattended patients or guests.

I value time commitments and plan to begin and terminate your sessions on time whenever possible. This policy helps you meet your other obligations and helps me to keep on my schedule. However, I sometimes run late due to emergencies, or other client care matters. I ask your patience and assistance during these times. If this ever becomes a problem for you, please talk with me about scheduling sessions at a more advantageous time.

Appointment Reminders: As a courtesy, you will receive an appointment reminder generally 24 hours prior to your group. This reminder comes to your email address.

Canceling an Appointment: Please note when we make an appointment, I hold that time for you specifically. Thus, if you are unable to keep the appointment, I **require at least 24 hours advance notice**. Providing less than 24 hours' notice of cancellation or not arriving for a scheduled appointment will result in a **late-cancellation/no-show fee of \$75.00**. Though I do not anticipate this happening, if I should ever miss an appointment without notifying you, I will make up the session with you free of charge.

If you are less than 10 minutes late for your scheduled appointment you will be seen for the remainder of the scheduled appointment. Unfortunately, there are times when I may be running late in my schedule due to therapeutic issues arising in sessions; in such cases, you will receive your full 45-minute scheduled appointment. **If you are more than 10 minutes late for your appointment**, the appointment will cancel automatically and you will be charged the session fee. If missing appointments or arriving late to appointments becomes a chronic

problem, I may no longer be able to work with you. If treatment is terminated appropriate referral sources will be provided at your request.

FEES AND INSURANCE

Payment is due at time of service unless prior arraignments have been made. I accept cash, check, and most major credit cards. There is a **30.00 returned check fee**. I may occasionally find it necessary to increase my fees due to inflation. If this occurs during your treatment, you will be given one month’s notice.

Insurance: I am a participating provider with Blue Cross/Blue Shield and Medicare. If you choose to forgo using your insurance, you may use the self-pay option. For people not covered by Medicare or BC/BS, I do provide receipts so that you can attempt to obtain reimbursement from your insurance company. Please note that confidential information may be required by your health insurance carrier to process the claims. Thus, be aware that submitting a claim for reimbursement carries a certain amount of risk to confidentiality and privacy.

Fees:

<u>Service</u>	<u>Fee</u>
Psychiatric Diagnostic Interview	\$250.00
Psychotherapy (30 minutes)	\$110.00
Psychotherapy (38-45 minutes)	\$150.00
Psychotherapy (53-60 minutes)	\$170.00
Assessment Feedback Office Visit	\$170.00
Family Therapy	\$145.00
Multi-family group therapy	\$60.00
Group therapy	\$60.00
Workshops	See website for current offerings
Assessment (testing, interpreting, and report writing time)	\$175.00/hour
Forensic Evaluation and Expert Testimony	\$250.00/hour (2,000 retainer or court-order)
Phone calls lasting longer than 10 minutes	\$25.00 for every 10 minutes over the 1st 10.
Phone Consultation Services	\$40.00/hour (or call if shorter than one hour)
Missed Appointment/Late cancellation	\$75.00
Photocopy fee	.40 per page

COMMUNICATIONS AND SOCIAL MEDIA POLICY

Telephone: You may telephone me at (979) 450-5320. I check my voicemail periodically during the day. While I strive to promptly return calls, there can be unavoidable delays. Thus, if your schedule makes it difficult to reach you, please leave me some times when you might be available. I cannot guarantee the confidentiality of voice communication.

Email: Generally emailing regarding appointment scheduling and cancellation is appropriate. Should you desire to use email for such purposes, please use this address: drjenniferrockett@tsecuremail.com. Please be aware that I cannot guarantee the confidentiality of email communication. ***Thus, I do not respond to emails containing***

therapy related issues. If you should receive an email message from me that requires you to enter a password it is: **Therapy.**

Text: Generally, texting is not a secure means of communication and should be avoided. Dr. Rockett will not respond to text messages.

Social Media Policy: In order to maintain your confidentiality and my respective privacy, I do not interact with current or former clients on social networking websites. I do not accept friend or contact requests from current or former clients on any social networking sites including, Twitter, Facebook, LinkedIn, etc. I will not respond to friend requests or messages through these sites.

EMERGENCIES

High risk clients will be asked to engage in safety planning as part of the overall plan of treatment. If you find yourself unable to keep yourself safe at any time, do not wait for me to return your call because it could be several hours before I am able to do so. Instead, you should follow the safety plan that you and I have created or dial 911. You may also take yourself or have a family member or friend bring you to the nearest emergency room.

ENDING THERAPY/TERMINATION OF OUR PROFESSIONAL RELATIONSHIP

People engaged in therapy can expect the duration to be from three months to a year, either weekly or bi-monthly. Termination of the therapy relationship will typically be mutually agreed upon. However, you are free to terminate services at any time. While you are not obligated to see me for any specified number of sessions, it is important that you provide me with at least one session notice so that we can end our therapy relationship in a healthy manner. This is especially important when I am engaged in therapy with children and adolescents, as the abrupt ending of this relationship may cause distress.

There may be reason for me to want to end the therapy relationship, even though you wish to continue. The reasons I may terminate a therapy relationship would include a failure to meet the terms of our fee agreement, a need for services outside of my area of competence, or a failure to make progress on treatment goals. Should any of these situations arise, the reason for termination will be discussed with you and I will assist you in making alternative plans for care, including providing you with referrals to more appropriate resources.

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

____ (initial) I have read and understand the information contained in the document entitled *Practice Policies and Informed Consent for Psychological Services* and agree to abide by its contents and consent to receive psychological services from Dr. Jennifer Rockett.

____ (initial) Fees for services have been discussed with me, and I understand that I am ultimately responsible for payment of services.

____ (initial) I understand policies regarding confidentiality and the limits of confidentiality.

____ (initial) I have been provided with the document entitled *Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information*.

By signing below, you are providing written informed consent to proceed with receiving psychological services in the form of therapy and/or assessment from Dr. Jennifer Rockett.

Client Name (or guardian name) *Please Print Legibly*

Client Name (or guardian name) *Please Print Legibly*

_____/_____/_____
Client (or guardian) signature Date

_____/_____/_____
Client (or guardian) signature Date

Relationship to Client (e.g., mother, father, self)

Relationship to Client (e.g., mother, father, self)

Witness Signature (printed name): _____ ____/____/____
Date

The Minor Child's Assent to Treat: I understand that my parent or guardian may consent for my treatment. I understand that I have also been asked to give my assent for my own treatment. By signing below, I realize that Dr. Jennifer Rockett has asked me for my permission to provide psychological services.

Name (print) Date ____/____/____

Signature

Witness Signature (printed name): _____ ____/____/____
Date

INSURANCE INFORMATION AND CREDIT CARD AUTHORIZATION

Client's Name (print): _____ Date of Birth: ____/____/____

Insurance Company Name: _____

*Primary Insured's Name: _____ Primary Insured's Date of Birth: ____/____/____
*if different from Client.

Subscriber ID#: _____ Group Policy #: _____

____ (initial) I certify that the above information is correct and assume responsibility for payment of services.

____ (initial) I authorize the release of my mental health records to my insurance, EAP, PPO, or other 3rd party payer(s) for the purposes of authorization of psychological services and/or as required for purposes of billing authorized 3rd parties.

____ (initial) I authorize Dr. Rockett to retain my credit card information so that billing can be done at a time of her choosing. I authorize Dr. Rockett to charge my credit card any fees that are not covered by insurance, including but not limited to late cancellation and no-show fees.

Client Name (or guardian name) *Please Print Legibly*

Client Name (or guardian name) *Please Print Legibly*

_____/____/_____
Client (or guardian) signature Date

_____/____/_____
Client (or guardian) signature Date

Relationship to Client (e.g., mother, father, self)

Relationship to Client (e.g., mother, father, self)

Witness Signature (printed name): _____ ____/____/____
Date